

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18281

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 519-A

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>8 days</u>		e. STREET ADDRESS (If rural, give location) RURAL 2nd CAMPBELL	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) H. c. (Last) GREEN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 16, 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 19, 1903	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work or profession of life, or occupation) SERVICE STA. OWNER		10b. KIND OF BUSINESS OR INDUSTRY SERVICE STA.	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME NOLL GREEN	13b. MOTHER'S MAIDEN NAME UNKOWN	14. NAME OF HUSBAND OR WIFE OPAL GREEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 491-03-0893	17. INFORMANT'S SIGNATURE OR NAME OPAL GREEN ADDRESS SPRINGFIELD, MISSOURI

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 14 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Staphylococcus septicaemia</u>		DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) 0530		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1955, to June 11, 1955, that I last saw the deceased alive on June 11, 1955, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>K. Wendell Stewart</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>219 Professional Bldg. Springfield, Mo.</u>	23c. DATE SIGNED <u>June 19 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-19-55	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY
24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI		

DATE REC'D BY LOCAL REG. 6-22-55	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Kinney & Co</u> ADDRESS SPRINGFIELD, MISSOURI
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(Licensed Embalmer, Statement on Reverse Side) 128

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1958 2 2 037

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student..... Signature of Student Embalmer

Signed..... *Max Phad*

Licensed Embalmer No. 46

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.