

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 17 1955

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>Ballinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Ballinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville Mo</u>		c. LENGTH OF STAY (in this place) <u>6 Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Scopus 0090</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. W Mayfield Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lutesville Mo</u>							
3. NAME OF DECEASED (Type or Print) (First) <u>James</u> (Middle) <u>Henry</u> (Last) <u>Green</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 29 55</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 5 - 1876</u>	
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>5</u> DAYS <u>24</u>		9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>5</u> DAYS <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jesse Green</u>		13b. MOTHER'S MAIDEN NAME <u>Hally Ballinger</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Green Dees</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Levi Green Patton Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>none</u>				MEDICAL CERTIFICATION			
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
				ANTECEDENT CAUSES DUE TO (b) <u>Cardiac decompensation</u>		<u>4 days</u>	
				DUE TO (c) <u>4343</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Senile psychosis</u>							
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>Senile psychosis</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) m.		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 <u>May 10, 1955</u> , to <u>July 29, 1955</u> , that I last saw the deceased alive on <u>July 27, 1955</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Emmett L. Price D.O.</u>				23b. ADDRESS <u>Lutesville Mo.</u>		23c. DATE SIGNED <u>7-30-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/31/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Patton Carr</u>		24d. LOCATION (City, town, or county) (State) <u>Patton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 9 55</u>		REGISTRAR'S SIGNATURE <u>Willie Ann Amburge</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dorothea - Leard Jackson</u>		ADDRESS <u>Mo</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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

Student Embalmer

Signed R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.