

29095

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 16 1955

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|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>43</u> | | PRIMARY REG. DIST. NO. <u>3007</u> | | Registrar's No. <u>494</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a: STATE <u>Missouri</u> b. COUNTY <u>Butler</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Poplar Bluff</u>) | | c. LENGTH OF STAY (In this place) <u>20 yr</u> | | c. CITY OR TOWN <u>Poplar Bluff</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>1215 Fairmount</u> <u>012 1/2</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Lewis</u> | | b. (Middle) <u>Everett</u> | | c. (Last) <u>Green</u> | |
| 4. DATE OF DEATH <u>8-24-55</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>July 27, 1879</u> | | 9. AGE (In years last birthday) <u>76</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomfield, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Daniel Green</u> | | 13b. MOTHER'S MAIDEN NAME <u>Etta Law</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mayme Ragsdale Green</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>- - -</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lynn Green, Poplar Bluff, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES <u>Terminal Parkinson's Syndrome</u> DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 da</u> | |
| 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) _____ | |
| 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>April 25, 1955</u> to <u>Aug. 24, 1955</u> , that I last saw the deceased alive on <u>Aug 19</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>L. P. Kreibitz</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>Poplar Bluff, Mo.</u> | | 23c. DATE SIGNED <u>Aug 30, 1955</u> | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8-26-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Clarkton, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>8/10/55</u> | | REGISTRAR'S SIGNATURE <u>L. P. Kreibitz</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Greer Croy & Fitch Poplar Bluff Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Wallace N. Fitch*

Licensed Embalmer No. *385*

P. O. Address *Poplar Bluff*

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.