

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29293

State File No. _____

FILED OCT 7 - 1955

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 286

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City,		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Eldorado	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Prison Hospital		STREET ADDRESS (If rural, give location) Star Route		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> # <u>8660/1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Raymond			b. (Middle) _____			c. (Last) Green			4. DATE OF DEATH (Month) (Day) (Year) October 1 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 5-11-1912			9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming				11. BIRTHPLACE (City and State or Foreign Country) Eldon, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME A. J. Green				13b. MOTHER'S MAIDEN NAME Sarah Grumbach				14. NAME OF HUSBAND OR WIFE Unknown				

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) USA. Serial No. 37391742		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Record Office, Prison Hosp. Jefferson City								ADDRESS	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.												MEDICAL CERTIFICATION											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extra Cranial Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 23 1/2 hours																	
ANTECEDENT CAUSES						DUE TO (b) Due to Fracture																	
						DUE TO (c) 9 Skull																	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9021																							

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 3								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Truck				21c. (CITY, TOWN, OR TOWNSHIP) MSP. (Saw Mill) (COUNTY) Callaway (STATE) Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 30 55 2/30 PM				21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? Fall from back of truck			

22. I hereby certify that I attended the deceased from 9-30, 1955, to 10-1, 1955, that I last saw the deceased alive on 9-30-10-1, 1955, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE W. W. McFally M.D. (Degree or title)				23b. ADDRESS MSP. Jefferson City, Missouri				23c. DATE SIGNED 10-1-55			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 4-1955		24c. NAME OF CEMETERY OR CREMATORY Dooley Cemetery		24d. LOCATION (City, town, or county) (State) Eldon Missouri					
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DATE REC'D BY LOCAL REG. 30 Oct 1955		REGISTRAR'S SIGNATURE R. P. Dorris		GENERAL DIRECTOR'S SIGNATURE Thomas Condon		ADDRESS Jefferson City					
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

107-10-1050

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 *Gideon N. Hous*.....

Licensed Embalmer No. *45*.....

P. O. Address *Jeffers*.....

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.