

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40366**

BIRTH NO. _____		REG. DIST. NO. <b>143</b>		PRIMARY REG. DIST. NO. <b>4232</b>		Registrar's No. <b>40</b>		
1. PLACE OF DEATH a. COUNTY <b>Howell</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Willow Springs, Mo.</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Willow Springs,</b>		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				e. STREET ADDRESS (If rural, give location) <b>0400</b>				
3. NAME OF DECEASED (Type or Print) <b>FRED</b>			a. (First)		b. (Middle) <b>HERBERT</b>		c. (Last) <b>GREEN</b>	
4. DATE OF DEATH <b>Dec. 30, 1955</b>				4. DATE (Month) (Day) (Year)				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 1, 1888</b>		
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>29</b>		IF UNDER 24 HRS. Hours <b>29</b> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Railroad</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Section foreman</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Smithland KY.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>								
13a. FATHER'S NAME <b>John Green</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Mitchell</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Nancy M. Green</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>WW 1</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nancy M. Green Willow Springs, Mo.</b>				
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) <b>PULMONARY EDEMA ACUTE</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>MYOCARDIAL DECOMPENSATION</b> DUE TO (c) <b>BRONCHOPNEUMONIA</b>  II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>4222</b>					INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b> <b>CHRONIC</b>	
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 <b>8/3, 1955</b> to <b>12-30, 1955</b> , that I last saw the deceased alive on <b>12-30, 1955</b> , and that death occurred at <b>10:45A m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>D. M. B. Perkins MD.</b>				23b. ADDRESS <b>Willow Springs, Mo.</b>		23c. DATE SIGNED <b>1-3-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/2/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Willow Springs, Mo.</b>		
DATE RECD BY LOCAL REG. <b>1/7/56</b>		REGISTRAR'S SIGNATURE <b>Marshall Ballard</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Burns - Willow Springs, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 11 1956

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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

*Fred W. Barnes*  
Signed...Fred W...Barnes.....

Licensed Embalmer No. 4614

P. O. Address Willow Sp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.