

FILED MAR 27 1956

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER  
10203Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 15

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Putnam</b>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Putnam</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Unionville</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>Rural Elm, Twp</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>Monroe Hospital</b>   |  | Length of stay in lb<br><b>10 hrs</b>   | d. STREET<br>ADDRESS <b>Worthington</b>   |  | (If outside, give location)<br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Green</b>   |  |   | 4. DATE OF DEATH<br><b>Mar 20 1956</b>  |  | 5. SEX<br><b>M</b>   |
| 6. COLOR OR RACE<br><b>W</b>   |  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>May 3, 1875</b>                               |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 9. AGE (In years last birthday)<br><b>80</b>                         |  |
| 13. FATHER'S NAME<br><b>George Mulanix</b>   |  |   | 14. MOTHER'S MAIDEN NAME<br><b>Martha Baugh</b>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  | 16. SOCIAL SECURITY NO.<br><b>no</b>  |   | 17. INFORMANT<br><b>Roy Mulanix-Lucerne-Mo.</b>                      |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocarditis</b><br>DUE TO (b) <b>Senility</b><br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)<br><b>4222</b> |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |   |  |  |
| 20c. TIME OF INJURY<br>Hour _____<br>a. m. _____<br>p. m. _____  |  |   |   |  |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                            |  |
| 21. I attended the deceased from <b>3-15-56</b> to <b>3-21-56</b> and last saw <b>him</b> alive on <b>3-21-56</b><br>Death occurred at <b>7:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |  |   |   |  |  |
| 22a. SIGNATURE<br><b>L. W. McDonald, D.D.</b> (Degree or title)  |  |   | 22b. ADDRESS<br><b>Monroe, Mo</b>   |  | 22c. DATE SIGNED<br><b>3-22-56</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>B</b>  |  | 23b. NAME OF CEMETERY OR CREMATORY<br><b>Rose Cem</b>   |   | 23c. LOCATION (City, town, of county) (State)<br><b>Putnam Co Mo</b> |  |
| 24. FUNERAL DIRECTOR<br><b>L. L. Sustel</b>  |  | ADDRESS<br><b>Rm Unionville Mo</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>3-24-56</b>                       |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Marcell Durbin</b>   |  |   |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON IF FEWRIE IF POSSIBLE

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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  
by me, or by ....., Student Embalmer No...  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Marl E. Husted*.....

Licensed Embalmer No.....

P. O. Address *Union*.....

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