

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30157**

FILED OCT 1 - 1956

BIRTH NO.

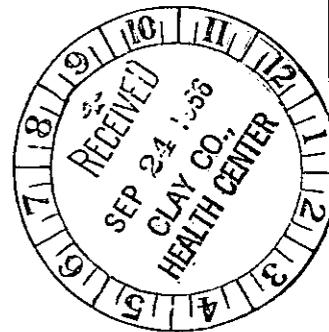
REG. DIST. NO. **41**PRIMARY REG. DIST. NO. **3012**Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN Polo
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION Excelsior Springs Hospital		e. STREET ADDRESS (If rural, give location) 1 1/2 miles NE Knoxville	
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) (N) c. (Last) GREEN		4. DATE OF DEATH (Month) (Day) (Year) August 23, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 8, 1873
9. AGE (In years last birthday) 82		10. MONTHS 11 DAYS 15 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 Concrete Farming	11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Martin V. Green	
13b. MOTHER'S MAIDEN NAME Sarah Frances Thomas		14. NAME OF HUSBAND OR WIFE Almeda Ann (Maya) Green	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Almeda Green		ADDRESS Polo, Knoxville Missouri.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Volvulus	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Obstruction		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5703	
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 8-22-56 , to 8-23-56 , that I last saw the deceased alive on 8-23-56 , and that death occurred at 11:40 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE E. E. Day M.D.		23b. ADDRESS Richmond	
23c. DATE SIGNED 8-25-56		23d. NAME OF CEMETERY OR CREMATORY Sandale Cemetery	
23e. LOCATION (City, town, or county) (State) Ray County, Missouri		23f. DATE REC'D BY LOCAL REG. 9-15-56	
23g. REGISTRAR'S SIGNATURE Baroline Hutchings		23h. FUNERAL DIRECTOR'S SIGNATURE QUEST-LIFE FUNERAL HOME	
23i. ADDRESS RICHMOND, MISSOURI		23j. ADDRESS Richmond, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

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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

Signed.....
Licensed Embalmer No.....

P.O. Address.....

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.