FILED OCT 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36811

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hosp #3 — Length of stay in 1b: 106 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: McDonald
c. CITY OR TOWN: McDonald Co. — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): County Home — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First LAURA Middle — Last GREEN

4. DATE OF DEATH: Month Oct Day 22 Year 1956

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Nov 13 1896

9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 11 Days 22 — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Butler Co Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Barton Newton

14. MOTHER'S MAIDEN NAME: Alice Langford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Harry B. Greene Sr. — Address: Pomona Calif.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 8 yrs
DUE TO (c): H20.0B

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Syphilitic Meningoencephalitis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 March 21, to 55 Oct 22 56 and last saw her/him alive on Oct 22 56
Death occurred at 6 10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank Dickson, M.D.

22b. ADDRESS: State Hosp #3

22c. DATE SIGNED: Oct 22 1956

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10-22-56

23c. NAME OF CEMETERY OR CREMATORY: Anderson Cemetery

23d. LOCATION (City, town, or county) (State): Anderson Missouri

24. FUNERAL DIRECTOR: Terry Funeral Home — **ADDRESS**: Neosho Missouri

25. DATE RECD. BY LOCAL REG.: 10-27-1956

26. REGISTRAR'S SIGNATURE: Omar J. Terry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed B J Lindley

Licensed Embalmer No. 48

P. O. Address Nevada

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