

FILED APR 2 - 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. **8056**

Registration District No. **97** Primary Registration District No. **3016** Registrar's No. **111**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>728 West McCarty</b>		Length of stay in lb <b>St. 50 yrs</b>		d. STREET ADDRESS <b>728 West McCarty St</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Sterling Price Green</b>				4. DATE OF DEATH <b>March 20 1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July-8-1887</b>	
9. AGE (In years last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		100. KIND OF BUSINESS OR INDUSTRY <b>City Streets</b>		11. BIRTHPLACE (City and state or country) <b>Boone County, Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		100. KIND OF BUSINESS OR INDUSTRY <b>City Streets</b>		11. BIRTHPLACE (City and state or country) <b>Boone County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>William Green</b>				14. MOTHER'S MAIDEN NAME <b>Mary Madden</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>492-36-9668</b>		17. INFORMANT <b>Helen Green, Jefferson City, Missouri</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>serum</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chr. Arterio-sclerotic Nephritis</b> DUE TO (c) <b>446x</b>						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Chr. Bronchitis - Asthma - High blood pressure</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <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>March 20 '57</b> to <b>March 20 '57</b> and last saw <b>her</b> alive on <b>March 20 '57</b> Death occurred at <b>6:20 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>John W. McHaverty</b>				22b. ADDRESS <b>Jefferson City, Mo</b>		22c. DATE SIGNED <b>3/23/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>Mar-23-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Hartsburg, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Thorpe J Gordon, Jefferson City, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>23 March 1957</b>		26. REGISTRAR'S SIGNATURE <b>R.P. Norris, MA-MR.</b>	

APR 24 1961

*Public Health Department*

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 *Raymond J. Gordon*

Licensed Embalmer No. *627*  
P. O. Address *Jeff City*

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.