Health,
& Welfare
Public
Service

. 300
. 1-56

Doctor, 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 017838
STATE FILE NUMBER

FILED JUN 12 1957

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 239

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MARCELINE — Inside Limits: Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. FRANCIS Hosp. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: LINN
c. CITY OR TOWN: MARCELINE — Inside Limits: Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 311 E. HOWE — Resident on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Russell Middle: ALLEN Last: Green
4. DATE OF DEATH: Month: MAY Day: 29 Year: 1957
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 18th 1897
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 3 Days 11 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONDUCTOR on R.R.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): CHARITON COUNTY
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: CHARLES ALLEN GREEN
14. MOTHER'S MAIDEN NAME: ALICE HAINDS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: THELMA (WIFE) Address: 311 E. HOWE

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: 3 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200
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 Aug. 1956, to May 29, 1957 and last saw him alive on 7:00 pm
Death occurred at 11:30 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M.S. Liggett (Degree or title): MD — 22b. ADDRESS: Marceline Mo. — 22c. DATE SIGNED: 5-31-57

23a. BURIAL, CREMATION, REMOVAL (Specify): B — 23b. DATE: 6-1-57 — 23c. NAME OF CEMETERY OR CREMATORY: Locke — 23d. LOCATION (City, town, or county) (State): Marceline Chariton MO

24. FUNERAL DIRECTOR: James McLaughlin — ADDRESS: Marceline Mo — 25. DATE RECD. BY LOCAL REG.: 5-31-57 — 26. REGISTRAR'S SIGNATURE: Brookie Owens

(Licensed Embalmer's Statement on Reverse Side)

530

JUN 12 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James B. McClelland

Licensed Embalmer No. 42

P. O. Address Brookfi

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.