No. 300
10.48

FILED JUL 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20350

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 5193 Registrar's No. 12

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1. PLACE OF DEATH
a. COUNTY: Carroll.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norborne. Egypt.
c. LENGTH OF STAY (in this place): 8. Years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Plowing I. Mile North. Norborne.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Carroll.
c. CITY OR TOWN: Norborne.
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 403 east 3rd. Street.

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3. NAME OF DECEASED (Type or Print)
a. (First): James.
b. (Middle): Edward
c. (Last): Green.

4. DATE OF DEATH (Month) (Day) (Year): July. 2. 1957.

5. SEX: Male.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: April. 9. 1913.
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operated Jewlery Store.
10b. KIND OF BUSINESS OR INDUSTRY: Self.
11. BIRTHPLACE (City and State or Foreign Country): Albany Missouri. Gentry. Co.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Walter Green.
13b. MOTHER'S MAIDEN NAME: Pearl Blanch Herm.
14. NAME OF ~~HUSBAND~~ OR WIFE: Hellen Green.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Nany. (If yes, give war or dates of service): Feb 1944 to Dec 1944
16. SOCIAL SECURITY NO.: 488-14-1971
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Helen M. Kreen — ADDRESS: Norborne Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Asphyxiation	20 min.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Crushed Chest	20 min.
DUE TO (c)	Pressure of tractor laying across chest	20 min.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Obesity	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Egypt Township 3 Carroll Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 2 1957 10:15 a.m.
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Tractor upset and fell on victim.

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22. *I hereby certify that I attended the deceased from* 7-2-, 1957, *to* 7-2-, 1957, *that I last saw the deceased alive on* 7-1-, 1957, *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph E. Hackell, M.D.
23b. ADDRESS: 212 South Pine St. Norborne, Mo.
23c. DATE SIGNED: 7-3-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: 7/5/1957.
24c. NAME OF CEMETERY OR CREMATORY: Highland Cemetery.
24d. LOCATION (City, town, or county) (State): Albany Missouri.

DATE REC'D BY LOCAL REG.: July 4-1957
REGISTRAR'S SIGNATURE: Eileen Penniston
25. FUNERAL DIRECTOR'S SIGNATURE: John G. Dietch — ADDRESS: Norborne, Mo.

(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 embal

by me, or by Me, Student Embalmer No.

working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Monbond

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