

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38881

State File No.

FILED OCT 22 1957

BIRTH NO.		REG. DIST. NO. <u>339</u>		PRIMARY REG. DIST. NO. <u>6150</u>		Registrar's No. <u>8</u>			
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Missouri</u>				b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural New Lisbon</u>			c. LENGTH OF STAY (In this place) <u>1030 yrs.</u>	c. CITY OR TOWN <u>Bloomfield</u>			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Family home</u>				e. STREET ADDRESS (If rural, give location) <u>Route # 1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>A.</u>		c. (Last) <u>GREEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 3, 1880</u>		9. AGE (In years by birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Crop farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomfield, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sanders A. Green</u>			13b. MOTHER'S MAIDEN NAME <u>Edmona Green</u>			14. NAME OF HUSBAND OR WIFE <u>Alice Green</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice Green, Bloomfield, Mo. R. # 1</u>				ADDRESS	
18. CAUSE OF DEATH: Enterably one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, arteria, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Brain this pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral Vascular Accident</u> DUE TO (c) <u></u> 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>Sept 21, 1957</u> to <u>Sept 22, 1957</u> , that I last saw the deceased alive on <u>Sept 21, 1957</u> , and that death occurred at <u>11:12 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Stephen Patten Und</u>				23b. ADDRESS <u>Bloomfield, Mo</u>			23c. DATE SIGNED <u>10-7-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 24-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Missouri</u>				
DATE REC'D BY LOCAL REG. <u>10/19/57</u>		REGISTRAR'S SIGNATURE <u>Paul Reed</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES UND. CO., BLOOMFIELD, MO.</u>				

WRITE PLAINLY—USING UNEADING 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 Lulu Cooper # 3499 Student Embalmer No.

~~Working under my personal supervision: x~~

Student
Signature of Student Embalmer

Signed Jwani C Cooper
Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo

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.