

FILED JAN 16 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

47437

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 516

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived? If institutions, Residence before admission) a. STATE <b>Mo.</b> COUNTY <b>Ralls</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Hannibal</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>0644</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b> Length of stay in 1b <b>3da</b>		d. STREET ADDRESS (If outside, give location) <b>3345 Moberly Ave</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Kathy Lynn Green</b> <i>First Middle Last</i>		4. DATE OF DEATH <b>11 - 12 - 57</b> <i>Month Day Year</i>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 19, 1955</b>
9. AGE (In years last birthday) <b>2</b>		10. CITIZEN OF WHAT COUNTRY? <b>US</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Hannibal, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13. FATHER'S NAME <b>Alfred Green</b>		14. MOTHER'S MAIDEN NAME <b>Betty Jo Whitaker</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.	
17. INFORMANT <b>Betty Jo Green</b>		Address <b>Hannibal, Mo.</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>Acute laryngotracheobronchitis; Purelent Bronchitis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>500X</b>	
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 _____ 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>11-10-57</b> to <b>11-12-57</b> and last saw <sup>her</sup> / <sub>him</sub> alive on <b>11-12-57</b> Death occurred at <b>8:00A</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Daniel B. Landau, M.D.</b> <i>(Doctor or title)</i>		22b. ADDRESS <b>B &amp; L Building,</b>	
22c. DATE SIGNED <b>1-8-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-14-57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Grand View Burial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Hannibal, Mo.</b>	
24. FUNERAL DIRECTOR <b>Clark Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>1-10-1958</b>	
26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Buckley, M.C. Fisher</b>			

RECEIVED JAN 14 1958

MARION CO. HEALTH DEPT.

DATE FILED JAN 14 1958

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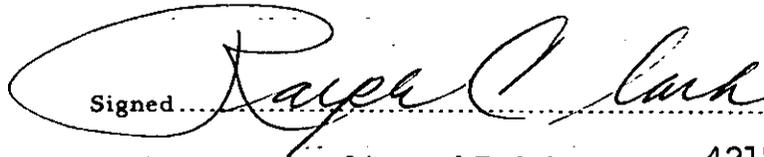
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed.....



Licensed Embalmer No.....4217

P. O. Address...Hannibal, 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.