

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010733
STATE FILE NUMBER

FILED APR 10 1958

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 000

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EIDON	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN EIDON	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location), HOSPITAL OR INSTITUTION SALINE TOWNSHIP		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) SALINE TOWNSHIP
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Lloyd Middle RAYMOND Last GREEN			4. DATE OF DEATH Month MAR. Day 22 Year 1958	
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5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 5, 1917	9. AGE (In years last birthday) 40	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACH. OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY LEDER PRODUCTS	11. BIRTHPLACE (City and state or country) LONG BEACH, CALIF.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE: HELEN S. GREEN
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 563-16-2966	17. INFORMANT HELEN GREEN Address EIDON, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORRHAGE AND SHOCK		INTERVAL BETWEEN ONSET AND DEATH 10 MIN	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) INJURY TO CONTENTS OF PELVIS		'
	DUE TO (c) MULTIPLE FRACTURES OF PELVIS, LOWER SPINE AND LEFT FEMUR		"
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 91013		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input checked="" 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.) 2 WAS SAWING DOWN A TREE WITH A CHAIN SAW.
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20c. TIME OF INJURY Hour 1:30 Month, Day, Year 3-22-58 p.m.	TREE FELL ACROSS HIM. 066
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) FARM	20f. CITY, TOWN, OR LOCATION MILLER COUNTY MO. STATE MO.
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **1:30 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. S. Humphreys, D.O., Coroner (Degree or title)	22b. ADDRESS TUSCUMBIA, MO.	22c. DATE SIGNED 3-24-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR. 26, 1958	23c. NAME OF CEMETERY OR CREMATORY EIDON	23d. LOCATION (City, town, or county) (State) EIDON MO.
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24. FUNERAL DIRECTOR Louis D. Phillips ADDRESS EIDON	25. DATE RECD. BY LOCAL REG. MAR. 26 58	26. REGISTRAR'S SIGNATURE W. Verne Walth
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature. All diseases in Part I must be causally related.

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SEP 17 1958

APR 10 1958



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 *Louis D. Kelly*

Licensed Embalmer No. *3663*

P. O. Address *Cedar*

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.