

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023019
STATE FILE NUMBER

FILED JUL 10 1958 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <i>Bonne Terre</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN: <i>Flat River</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <i>Bonne Terre</i>			Length of stay in lb <i>about 2 hours</i>	d. STREET ADDRESS: <i>209 Honey St.</i>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Mr. Ezra Marion Green</i>				4. DATE OF DEATH Month <i>June</i> Day <i>28</i> Year <i>1958</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 29 - 1890</i>	9. AGE (In years last birthday) <i>68 yrs 28 days</i>	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) <i>Worked as office</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Mechanics Town, Miss. Temp. Operator</i>	11. BIRTHPLACE (City and state or country) <i>White Co. Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Mr. Richard Marion Green</i>				14. MOTHER'S MAIDEN NAME <i>Amanda Lata Green</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes. From Aug 1918 to Dec. 1918</i>		16. SOCIAL SECURITY NO. <i>327-181-256</i>		17. INFORMANT Address <i>Flat River, Mo.</i> <i>Mrs. Eva Shady Green (wife), 290 Honey St.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myo cardial infarction</i> <i>Arteriosclerosis heart disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <i>4200</i>						INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i> <i>Years</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	200. 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 <i>1957</i> to <i>June 24, 1958</i> and last saw ^{her} _{him} alive on <i>June 27, 1958</i> . Death occurred at <i>290</i> m on the <i>date</i> stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J. L. Frost M.D.</i>				22b. ADDRESS <i>St. Louis - Mo.</i>		22c. DATE SIGNED <i>7-2-58</i>	
23a. BURIAL, CREATION, REMOVAL (Specify)	23b. DATE <i>June 30 - 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Francois Memorial Park</i>		23d. LOCATION (City, town, or county) (State) <i>Bonne Terre, Mo. Route 1 - Mo.</i>			
24. FUNERAL DIRECTOR <i>Alvin W. Howard</i>				25. DATE RECD. BY LOCAL REG. <i>July 2, 1958</i>		26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Alvin W. Wood*

Licensed Embalmer No. *27*

P. O. Address *303 Crane St*

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