Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024419
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Wayne
b. CITY OR TOWN: Piedmont (Rural) Benton — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Wayne
c. CITY OR TOWN: Piedmont 11100 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Peach Tree Fork — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Thomas Middle: Bennett Last: Green

4. DATE OF DEATH Month: July Day: 4 Year: 1958

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 6-5-1892

9. AGE (In years last birthday): 66 IF UNDER 1 YEAR: Months: X Days: 29 IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Wayne Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Zackariah Green
13b. MOTHER'S MAIDEN NAME: Sarah Harding
14. NAME OF HUSBAND OR WIFE: Della Eaton Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 543-10-2685
17. INFORMANT: Mrs Della Green Address: R.R.2 Piedmont Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): hypertension
DUE TO (c): 4201

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 ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1956, to 7/4/58 and last saw her/him alive on June 28, 1958. Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H H Clin. MD
22b. ADDRESS: Piedmont Mo
22c. DATE SIGNED: 7/7/5

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-6-58
23c. NAME OF CEMETERY OR CREMATORY: Eaton Cem.
23d. LOCATION (City, town, or county) (State): Wayne Co, Mo.

24. FUNERAL DIRECTOR: William Cole ADDRESS: Piedmont Mo.
25. DATE RECD. BY LOCAL REG.: July 8, 1958
26. REGISTRAR'S SIGNATURE: Hazel Ward

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

WAYNE CO. HEALTH CENTER
FILE No. _____

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 Coder Funeral Home, Student Embalmer No. .....

working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Richmond,

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.