

Health,  
& Welfare  
Public  
Service  
730  
300  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029781

STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 247 Primary Registration District No. 4266 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY OR TOWN <b>Granby</b>		c. CITY OR TOWN <b>Granby</b> 0730	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) <b>None</b>	
Length of stay in lb <b>ysrs</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Henry Otis Green</b>			4. DATE OF DEATH Month Day Year <b>Sept. 1, 1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 3, 1878</b>	9. AGE (In years of birthday) <b>80</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming &amp; Mining</b>	11. BIRTHPLACE (City and state or country) <b>Newton County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William Green</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Myers</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Gerite Green</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>445-03-1430</b>	17. INFORMANT <b>Mrs. Gertie Green</b>	Address <b>Granby, Mo.</b>
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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) <b>Arterio-sclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Over 2 Mos.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>4200</b>
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"/>

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.)
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20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION <b>Granby</b>	COUNTY <b>Missouri</b>	STATE
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20d. INJURY OCCURRED WHILE AT <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 <b>Granby</b>	COUNTY <b>Missouri</b>	STATE
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21. I attended the deceased from <b>7-21-58</b> to <b>9-1-58</b> and last saw her alive on <b>9-1-58</b> Death occurred at <b>4:00 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Charles O. Lester, D.O.</b>	22b. ADDRESS <b>GRANBY MO</b>	22c. DATE SIGNED <b>9-3-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-3-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Granby Memorial</b>	23d. LOCATION (City, town, or county) (State) <b>Granby, Missouri</b>
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24. FUNERAL DIRECTOR <b>Floyd E. Shewmake Jr.</b>	ADDRESS <b>Granby, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Sept 3 1958</b>	26. REGISTRAR'S SIGNATURE <b>M. B. Young</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secondary necessary cause may be only statement noncontributory to death. No symptoms will be listed. All diseases in Part I must be causally related.

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Missouri State Board of Health  
Health Officer No. Newton 8961 S I 438  
District File Number 958-191  
Date Filed SEP 14 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

*Floyd E. Skumbed*

Licensed Embalmer No. 4953

P. O. Address Box 58, Grant, 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.