

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036833

STATE FILE NUMBER

NOV 7 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 196

5. 300
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTHAGE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CARTERVILLE 0490
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MCCUNE BROOKS		Length of stay in lb 12 DAYS	d. STREET ADDRESS (If outside, give location) 209 ELM
3. NAME OF DECEASED (Type or print) First MIDDLE Last ROBERT FRANK GREEN			4. DATE OF DEATH Month Day Year OCTOBER 24 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DECEMBER 25, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RAILROAD		10b. KIND OF BUSINESS OR INDUSTRY S.W.MO. RAILWAY	9. AGE (In years last birthday) 74 FUNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) SPRINGFIELD MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE GREEN		13b. MOTHER'S MAIDEN NAME ELIZABETH TWIGGER	14. NAME OF HUSBAND OR WIFE NORA A. GREEN
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. 491-01-4618	17. INFORMANT Address MRS NORA A. GREEN CARTERVILLE MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of Stomach with metastasis to liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>151X</u> DUE TO (c)			
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"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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 <u>Oct 4, 1958</u> to <u>Oct 24, '58</u> and last saw him alive on <u>Oct 24, '58</u> Death occurred at <u>9:20 A M</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George H. Wood MD</u>		22b. ADDRESS <u>Carthage Mo</u>	22c. DATE SIGNED <u>Oct 25 '58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-27-1958	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL	23d. LOCATION (City, town, or county) (Specify) JOPLIN MISSOURI
24. FUNERAL DIRECTOR ADDRESS HEDGE-LEWIS WEBB CITY, MISSOURI		25. DATE RECD. BY LOCAL REG. 10-27-58	26. REGISTRAR'S SIGNATURE <u>EM Clutter</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NOV 24 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 *Richard H. Lewis*

Licensed Embalmer No. *4403*
P. O. Address *Wab City*

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.