

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000878  
STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. 114 Primary Registration District No. 5732 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SULLIVAN</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>SULLIVAN</b> 0360
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R.R. 2</b>		Length of stay in 1b <b>8 YRS.</b>	d. STREET ADDRESS (If outside, give location) <b>R.R. 2</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>SAMUEL</b> Middle <b>JOSEPH</b> Last <b>GREEN</b>			4. DATE OF DEATH Month <b>FEB</b> Day <b>1</b> Year <b>1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 15, 1899</b>		9. AGE (In years last birthday) <b>59</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALVAGE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SALVAGE-METAL</b>		11. BIRTHPLACE (City and state or country) <b>PADUCAH, KENTUCKY</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOSEPH GREEN</b>		13b. MOTHER'S MAIDEN NAME <b>POLLY OVERFIELD</b>	
14. NAME OF HUSBAND OR WIFE <b>DELIA TUCKER</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>499-01-2736</b>	
17. INFORMANT <b>DELIA GREEN SULLIVAN, MO.</b>		Address			

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>Myocardial Decompensation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>MINUTES</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arterio-sclerosis</b>		
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>42-21</b>			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.)		
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
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 **1954** to **FEB 1 - 1959** and last saw him alive on **FEB 1 - 1959**  
Death occurred at **7:45 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Robert W. Crawford</b> (Degree or title) <b>W<sup>3</sup></b>	22b. ADDRESS <b>Sullivan Mo.</b>	22c. DATE SIGNED <b>Feb 1 - 1959</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>FEB. 4, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>STANTON CEM.</b>	23d. LOCATION (City, town, or country) (State) <b>STANTON MO.</b>
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24. FUNERAL DIRECTOR <b>Amelator Sullivan, Mo.</b>	ADDRESS <b>2-2-59</b>	25. DATE RECD. BY LOCAL REG. <b>2-2-59</b>	26. REGISTRAR'S SIGNATURE <b>Thomas A. Dempsey</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

2007 11 10

**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 *J. A. Hemphrey* .....

Licensed Embalmer No. *4772* .....

P. O. Address *Bullion, 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.**