FILED MAY 25 1959

XC-1569440
REG.#17740

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016909
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 236

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): POPLAR BLUFF — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VETERANS ADM.HOSPITAL — Length of stay in lb: 33 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ARKANSAS b. COUNTY: LAWRENCE
c. CITY OR TOWN: RAVENDEN — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): ROUTE ONE — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First CHARLES Middle RAY Last GREEN

4. DATE OF DEATH: Month MAY Day 9, Year 1959

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-7-92
9. AGE (In years last birthday): 67 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (City and state or country): ATHENS, ALABAMA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: RICHARD H. GREEN
13b. MOTHER'S MAIDEN NAME: SARAH K. HITE
14. NAME OF HUSBAND OR WIFE: CLARA B. GREEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT Address: VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ADENOCARCINOMA OF PROSTATE WITH WIDESPREAD METASTASES. — INTERVAL BETWEEN ONSET AND DEATH: 2 Years..
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
~~DUE TO (b)~~ #2. PLEURAL EFFUSION. — 2-3 Weeks.
~~DUE TO (c)~~ #3. ANAPLASTIC CARCINOMA OF INGUINAL LYMPH NODES, PRIMARY SITE UNDETERMINED. — 2 Years..
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1. SEBACEOUS CYST BACK OF NECK. 2. ARTERIOSCLEROSIS, GENERALIZED. 177X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
~~20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)~~
3. HEMORRHOIDS, MIXED.
4. HYPERTENSIVE CARDIOVASCULAR DISEASE.
5. CIRRHOSIS OF LIVER.
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. VA attended the deceased from APRIL 6, 1959, to MAY 9, 1959 ~~and last saw her/him alive on~~ Death occurred at 12:40 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. W. GASKINS, M.D., Chief, Surg. Svc.
22b. ADDRESS: VA HOSPITAL, POPLAR BLUFF, MO.
22c. DATE SIGNED: 5/11/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-11-59
23c. NAME OF CEMETERY OR CREMATORY: Friendship Cemetery
23d. LOCATION (City, town, or county) (State): Ravenden, Arkansas

24. FUNERAL DIRECTOR ADDRESS: R.C. Higginbotham Walnut Ridge, Ark
25. DATE REC'D. BY LOCAL REG.: 9/16/59
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 ....., Student Embalmer No. .....

working under my personal supervision.

Student ..... Signed .....

Signature of Student Embalmer

Licensed Embalmer No. .....

P. O. Address .....

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.