

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

79-022499

FILED JUL 8 1959

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 6010 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sugar Creek TWP</u>		Length of stay in lb <u>1 hr</u>		c. CITY OR TOWN <u>Moberly</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 Mi. E. Moberly</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>719 Franklin</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>Earl</u> Middle <u>I</u> Last <u>Green</u>				4. DATE OF DEATH Month <u>June</u> Day <u>28</u> Year <u>1959</u>							
5. SEX <u>Male</u>	6. EARL OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>10-28-1904</u>	9. AGE (last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u> Hours <u>---</u> Min. <u>---</u>	IF UNDER 24 HR Hours <u>---</u> Min. <u>---</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen. Maintenance</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Poultry Process. Huntsville, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Charley Green</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie Turner</u>			14. NAME OF HUSBAND OR WIFE <u>-----</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT <u>Walter Lee Green</u>			Address <u>Moberly, Mo.</u>			
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>Internal Hemorrhage</u>							INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>Gunshot wound</u>		Instant						
			DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Justifiable homicide, Coronar's jury</u>							
20c. TIME OF INJURY <u>12:15</u>		Hour <u>---</u> a.m. <u>---</u>	Month, Day, Year <u>6-28-59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Sugar Creek Twp. Hwy. 24</u>		20f. CITY, TOWN, OR LOCATION <u>Moberly,</u>		COUNTY <u>Randolph,</u>	STATE <u>Missouri</u>
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>12:30 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>Dr. J. J. Gally, M.D., Coroner</u>						22b. ADDRESS <u>203 1/2 No. Clark, Moberly, Missouri</u>			22c. DATE SIGNED <u>7/2/59</u>		
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-30-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cem.</u>			23d. LOCATION (City, town, or county) <u>Madison, Mo.</u>			23e. STATE <u>Mo.</u>		
24. FUNERAL DIRECTOR <u>Thompson-Mackler</u>				ADDRESS <u>Madison, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-2-59</u>		26. REGISTRAR'S SIGNATURE <u>Seabrook</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FORM 18

MAR 10 1961

STATEMENT BY LICENSED EMBALMER

FORM 18

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joseph R. Mack

Licensed Embalmer No. 4571  
P. O. Address Madison, Wisc.

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.