

FILED VS JUL 21 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-026256
STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Ray.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Calderwood</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Sup</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Polo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Richmond Hosp & Clinic.</u>		Length of stay in lb <u>0:3</u>	d. STREET ADDRESS (If outside, give location) <u>road named</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ira.</u> Middle <u>Green</u> Last <u>Green</u>			4. DATE OF DEATH Month <u>July</u> Day <u>5</u> Year <u>1959</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 28 - 1869</u>	9. AGE (In years last birthday) <u>89</u>	10. FUNDER 1 YEAR Month <u>8</u> Days <u>8</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Ray Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ruben Green</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Barber</u>	
14. NAME OF HUSBAND OR WIFE <u>Eda Green</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT <u>Paul F. Green</u>		Address <u>Polo 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>Cerebro-Vasculay Accident Inst.</u> DUE TO (b) <u>ARTERIO-SCLEROSIS</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) <u>331x</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION <u>Polo</u>		COUNTY <u>Mo</u>		STATE <u>Mo</u>	
21. I attended the deceased from <u>6-18-59</u> to <u>7-5-59</u> and last saw her alive on <u>7-5-59</u> Death occurred at <u>7-5-59</u> p.m. on the date stated above and to the best of my knowledge, from the cause stated.			22a. SIGNATURE <u>Ira Green</u> (Degree or title) <u>0</u>		
22b. ADDRESS <u>Richmond</u>		22c. DATE SIGNED <u>7-8-59</u>		23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>7-8-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bethel</u>		23d. LOCATION (City, town, or county) (State) <u>5 mi. so. of Polo Mo</u>	
24. FUNERAL DIRECTOR <u>Alsbaugh & Cowley</u>		ADDRESS <u>Polo Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-15-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Erwin S. Towler*

Licensed Embalmer No. *4924*
P. O. Address.. *Polo, 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.