

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 5 1959

59-032111

STATE FILE NUMBER

Registration District No. 637 Primary Registration District No. 3023 Registrar's No. 242

DED

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>				Length of stay in lb <u>7 days</u>		c. CITY OR TOWN <u>Deepwater</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>in Deepwater</u>	
3. NAME OF DECEASED (Type or print) First <u>H</u> Middle <u>Stone</u> Last <u>Green</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>28</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>5-19-1887</u>	
9. AGE (last birthday) <u>72</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Iconium Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Green</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Bowman</u>		14. NAME OF HUSBAND OR WIFE <u>Inez Green</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>500-10-6873</u>		17. INFORMANT <u>Payton Green</u>		Address <u>Warsaw 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>Pulmonary Edema</u> DUE TO (b) <u>Cardiac Failure</u> DUE TO (c) <u>Aortic Stenosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebro Vascular Thrombosis</u> 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 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 <u>4:30</u> a.m. <u>AM</u> Month, Day, Year <u>Dec. 1958</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.)		20f. CITY, TOWN, OR LOCATION <u>Clinton</u>	
20g. COUNTY <u>Henry</u>		20h. STATE <u>Mo</u>		21. I attended the deceased from <u>Dec. 1958</u> to <u>Sept. 1959</u> and last saw him alive on <u>Sept. 28th 1959</u> Death occurred at <u>4:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Arthur Gonzalez Jr</u>				22b. ADDRESS <u>717 E Jefferson</u>		22c. DATE SIGNED <u>9-29-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-30-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Iconium Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Iconium Mo</u>	
24. FUNERAL DIRECTOR <u>Sickman-Dunning</u>		ADDRESS <u>Clinton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 30, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Rigum</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Robert L. Dunn

Licensed Embalmer No. *439*

P. O. Address *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.