OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-039237
STATE FILE NUMBER

FILED VS NOV 30 1959

MENDED

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 436

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kinder — Length of stay in 1b 20 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Route 2 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cape Girardeau
c. CITY OR TOWN Jackson Route 2 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6 miles west Jackson — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: GERTRUDE PEARL GREEN
4. DATE OF DEATH Month Day Year: Nov. 10, 1959

5. SEX: Female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Sept 3, 1898
9. AGE (last birthday): 61 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Whitewater Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Borneman
13b. MOTHER'S MAIDEN NAME: Susan Wiseman
14. NAME OF HUSBAND OR WIFE: Luther Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO.: none
17. INFORMANT Address: Luther Green Jackson R2 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) Tricuspid regurgitation — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Unknown.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. 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. I attended the deceased from Oct 10, 1959, to Nov 10, 1959 and last saw her alive on Nov 5, 1959.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. N. Jaeger, M.D.
22b. ADDRESS: Jackson, Mo.
22c. DATE SIGNED: Nov 12, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 12-1959
23c. NAME OF CEMETERY OR CREMATORY: Russell Heights
23d. LOCATION (City, town, or county) (State): Jackson Mo

24. FUNERAL DIRECTOR ADDRESS: [illegible] Jackson Mo
25. DATE RECD. BY LOCAL REG.: 11-27-'59
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 439

P. O. Address_____

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