

# VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 59-039598

FILED VS DEC 8 1959 / 20

STATE FILE NUMBER

Registration District No. 20 Primary Registration District No. \_\_\_\_\_ Registrar's No. 109

ENDED

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Athens Township</b>		Length of stay in 1b <b>lifetime</b>	c. CITY OR TOWN <b>Rural</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>So. of Albany</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>So. of Albany</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Walter</b> Last <b>Green</b>			4. DATE OF DEATH Month <b>December</b> Day <b>1</b> Year <b>1959</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/19/88</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Gentry Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Isaac Green</b>		13b. MOTHER'S MAIDEN NAME <b>Grace Adkins</b>		14. NAME OF HUSBAND OR WIFE <b>Blanch Hern</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mr. Junior D. Green</b>		Address <b>Albany, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						
IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Partial paralysis due to--</b>						
DUE TO (c) <b>Hypertension followed by Cerebral Accident</b>						
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 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.	Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <b>Feb. 1959</b> to <b>1. Dec. 59</b> and last saw him alive on <b>1. Dec. 59</b> Death occurred at <b>8:55 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Dr. D. W. Bare</i> (Degree or title) <b>D.O.</b>			22b. ADDRESS <b>Albany, Missouri</b>		22c. DATE SIGNED <b>Dec. 4. 59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Dec. 3, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Highland</b>		23d. LOCATION (City, town, or county) (State) <b>Albany, Missouri</b>		
24. FUNERAL DIRECTOR <b>Clifford Brooks</b>		ADDRESS <b>Albany, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>12-4-1959</b>	26. REGISTRAR'S SIGNATURE <i>Miss. D. W. Bare</i>		

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 me  
or by me, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Donald E. Coshell

Licensed Embalmer No. 4868

P. O. Address Albany, 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.