

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-005432

FILED VS MAR 10 1960

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>22</u>			
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY OR TOWN <u>Norborne</u> <u>01700</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bales Hospital</u> <u>2</u>				e. STREET ADDRESS (If rural, give location) <u>9 miles west of Bogard, Mo</u>					
3. NAME OF DECEASED a. (First) <u>John</u> (Type or Print)			b. (Middle) <u>Edgar</u>		c. (Last) <u>Green</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26 1960</u>		
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>Jan. 10, 1885</u>		9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____	
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 <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George W. Green</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Hazelip</u>			14. NAME OF HUSBAND OR WIFE <u>Odessa Florence Green (Dec.)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>488362778</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Inez Heddings, Carrollton, Mo.</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <u>Conght. failure</u> DUE TO (c) <u>Arteriosclerosis 4201</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>1 mo</u> <u>many years</u> <u>3 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Dec 1959</u> to <u>26 Feb, 1960</u> , that I last saw the deceased alive on <u>26 Feb, 1960</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E W Allen MD</u> (Degree or title)				23b. ADDRESS <u>Carrollton Mo.</u>		23c. DATE SIGNED <u>27 Feb 60</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 27, 60</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ebenezer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bogard, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2/27/60</u>		REGISTRAR'S SIGNATURE <u>Mrs Herbert Allen</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Dickerson Funeral Home, Bogard, Missouri</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-0

**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 *Samuel Martin Pike*.....

Licensed Embalmer No. *5087*.....

P. O. Address *Bozrah, 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.