

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010726

FILED VS APR 11 1960

Registration District No. 140 Primary Registration District No. 5542 Registrar's No. 36

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Howard				a. STATE Missouri COUNTY Howard			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Femme Twp.		Length of stay in 1b 5 yrs		c. CITY OR TOWN Fayette		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maple Lawn Rest Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. R. #5		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Middle Last ALBERT KENDRICK GREENE				Month Day Year Apr. 3, 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/23/1882	9. AGE (last birthday) 78	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) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs Alvin Clark Moberly, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u>							1 m.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>gen. arteriosclerosis</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)					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 <u>1958</u> to <u>Apr 3 1960</u> her last saw him alive on <u>Apr 3 1960</u> Death occurred at <u>8 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>M Pheech MD</u>				22b. ADDRESS <u>Fayette Mo</u>		22c. DATE SIGNED <u>4/6/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/4/60	23c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery		23d. LOCATION (City, town, or county) Fayette, Missouri			
24. FUNERAL DIRECTOR <u>Kapal A. Carr</u>			ADDRESS Fayette, Missouri		25. DATE RECD. BY LOCAL REG. 4-6-60	26. REGISTRAR'S SIGNATURE <u>Katherine Welch</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

