

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010762

FILED VS. APR 4 1960 144

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Iron			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia		Length of stay in 1b 4yr.2mo.10da	c. CITY OR TOWN Rural-Arcadia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOME FOR AGED INSTITUTION Baptists		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 1/2 mi. E. on Hwy. 72		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John Nicolai Green			4. DATE OF DEATH Month Day Year Mar. 25, 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 30, 1865	9. AGE (last birthday) 94	IF UNDER 1 YEAR Months 4 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer & Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Farming & Carpentering		11. BIRTHPLACE (City and state or country) Oslo, Norway	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Andrew Green		13b. MOTHER'S MAIDEN NAME Alete Halvorsen	
14. NAME OF HUSBAND OR WIFE Laura Licker		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. 492-24-8371A	
17. INFORMANT Dolores Weiss, Ironton, 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) Acute pyelitis		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis				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 Month, Day, Year a.m. p.m.		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 7-1-57 to 3-25-60 and last saw her him alive on 3-22-60 Death occurred at 11:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Marion C. Jones M.D.</i>			22b. ADDRESS Ironton, Missouri		22c. DATE SIGNED 3-26-60
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 3-28-60	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) Lamar, Missouri
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo.		25. DATE RECD. BY LOCAL REG. 3-26-60		26. REGISTRAR'S SIGNATURE <i>Ms. Avis Jones</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 12 1960

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 Amel White

Licensed Embalmer No. 3012

P. O. Address Quinton, 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.