

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013984

FILED VS APR 5 1960

STATE FILE NUMBER

Registration District No. 369 Primary Registration District No. 6257 Registrar's No. 1

DED

1. PLACE OF DEATH a. COUNTY <b>WAYNE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>WAYNE</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>NEAR PATTERSON</b>		Length of stay in 1b	c. CITY OR TOWN <b>NEAR PATTERSON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>✓</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>EMILY</b> Middle <b>STACY</b> Last <b>GREEN</b>			4. DATE OF DEATH Month <b>MARCH</b> Day <b>5</b> Year <b>1960</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</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>1-1-1896</b>	9. AGE (last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>4</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>SACO, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>CALEB STACY</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZA GREGORY</b>		14. NAME OF HUSBAND OR WIFE <b>KING. B. GREEN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>✓</b>		16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT Address <b>TRULA - STREET PATTERSON, 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>cerebral hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>hypertension - arteriosclerosis</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) 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					INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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>January 1959</b> to <b>March 1960</b> and last saw her/him alive on <b>January 3, 1960</b> Death occurred at <b>8:30</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>J.H. Clinch M.D.</b>			22b. ADDRESS <b>Piedmont, Mo.</b>		22c. DATE SIGNED <b>3-15-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-8-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WOODS CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>PATTERSON, MO.</b>	
24. FUNERAL DIRECTOR <b>GISH FUNERAL HOME</b>		ADDRESS <b>PIEDMONT MO.</b>	25. DATE RECD. BY LOCAL REG. <b>March 31, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Sheila Louelace</b>	

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

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Mawen E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont

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.