

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016322

FILED VS. MAY 2 1960 267

Registration District No. \_\_\_\_\_ Primary Registration District No. 5962 Registrar's No. 608

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Back Water on Black Island 1Da</b> Length of stay in 1b		c. CITY OR TOWN <b>Valley Park</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>Same As Above</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>438 Marshall Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Madeline Carol Green</b>			4. DATE OF DEATH Month Day Year <b>April 17, 1960</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-1-1946</b>	9. AGE (last birthday) <b>15</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>16</b>	IF UNDER 24 HR Hours <b>15</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Caruthersville</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>

13a. FATHER'S NAME <b>Wm. Henry Clay</b>		13b. MOTHER'S MAIDEN NAME <b>Zetta E. Burrow</b>		14. NAME OF HUSBAND OR WIFE <b>Jerry Lynn Green</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Jerry L. Green Valley Park 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>Drowning</b>		INTERVAL BETWEEN ONSET AND DEATH
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)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Boat sank in back water</b>	
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20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year <b>4-17-1960</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Black Island, Mo.</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Black Island Pemiscot Missouri</b>	
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Clayde Ottow, Sheriff</i>		22b. ADDRESS <i>Caruthersville, Mo</i>		22c. DATE SIGNED <i>4-25-60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-23-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Little Prairie</b>		23d. LOCATION (City, town, or county) (State) <b>Caruthersville, Missouri</b>	

24. FUNERAL DIRECTOR ADDRESS <b>LaForge Undertkg. Co. Caruthersville</b>		25. DATE RECD. BY LOCAL REG. <b>4-25-'60</b>		26. REGISTRAR'S SIGNATURE <i>LaHanda Adams</i>	
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

MAY 31 1961

STATEMENT BY LICENSED EMBALMER

MAY 1

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Sam L. Hedgepeth, Student Embalmer No. 586

working under my personal supervision.

Student Sam L. Hedgepeth  
Signature of Student Embalmer

Signed Sam L. Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.