

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026014

FILED VS JUL 20 1960 43

Primary Registration District No. 3007 Registrar's No. 393

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		Length of stay in 1b <b>7 Days</b>	c. CITY OR TOWN <b>Bloomfield</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>RAYMOND BURTON GREEN</b>			4. DATE OF DEATH Month <b>July</b> Day <b>4</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <b>Separated</b>	8. DATE OF BIRTH <b>3-18-1930</b>	9. AGE (last birthday) <b>30</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and state or country) <b>Bell City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Marion Green</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Bell Pixley</b>		14. NAME OF HUSBAND OR WIFE <b>Darrel Green</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>300-30-2409</b>	17. INFORMANT Address <b>Box 168 Marion Green, Bloomfield, Mo. Rt. # 1</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>Car accident -</b> DUE TO (b) <b>Crush Injury to chest, multiple Fractures, Concussion</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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.) <b>Car Accident 103</b>	
20c. TIME OF INJURY Hour <b>6-27-60</b> Month, Day, Year a.m. p.m.	Accident occurred <b>A short while before being admitted to hospital</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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>6-27-60 @ 9:30PM</b> <b>7-4-60 @ 6:15AM</b> her last saw him alive on <b>7-3-60</b> Death occurred at <b>6 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <b>James H. Turner MD</b> (Degree or title)		22b. ADDRESS <b>215 Oak St., Poplar Bluff, Mo.</b>		22c. DATE SIGNED <b>7-7-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jul. 5-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Gravel Hill Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Stoddard co. Missouri</b>	
24. FUNERAL DIRECTOR <b>CHILES UND.CO., BLOOMFIELD, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>7/9/60</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS JUL 20 1960

AUG 30 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

& by Lulu Cooper # 3499

~~Student~~ Embalmer No. \_\_\_\_\_

~~Working under personal supervision.~~

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lulu C. Cooper*

Licensed Embalmer No. 4119

P. O. Address Bloomfield,

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