

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006073

STATE FILE NUMBER

AMENDED

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

71

FILED VS MAR 6 1961

1. PLACE OF DEATH

a. COUNTY

Pettis County

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Sedalia

Length of stay in 1b

4-Weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Bathwell Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Pettis

c. CITY

Sedalia

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Route #2

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Matthias Oakley Green Jr.

4. DATE OF DEATH

Month

Day

Year

Feb - 28 - 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct-25-1890

9. AGE (last birthday)

70-years

4 Months 3 Days

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Ever if retired)

Farming & Stockman

10b. KIND OF BUSINESS OR INDUSTRY

Smithton, Missouri

11. BIRTHPLACE (City and state or country)

U. S. A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

George R. Green

13b. MOTHER'S MAIDEN NAME

Fannie Griffin Green

14. NAME OF HUSBAND OR WIFE

Gertrude Immanuel Green

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.

489-42-7467

17. INFORMANT

Gertrude Green, Sedalia, Mo. R#2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Multiple Myeloma

5 yr

DUE TO (c)

-

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Anemia -

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

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 ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Smithton, Missouri

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-20-61 to 2-28-61 and last saw him alive on 2-28-61

Death occurred at 11 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Clavin L Lowe M.D.

22b. ADDRESS

Sedalia, Mo

22c. DATE SIGNED

3-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

March-2-1961

23c. NAME OF CEMETERY OR CREMATORY

Smithton Cemetery

23d. LOCATION (City, town, or county)

Smithton-Pettis

23e. STATE

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Neumege Funeral Home - Smithton, Mo

25. DATE RECD. BY LOCAL REG.

3-1-1961

26. REGISTRAR'S SIGNATURE

Frances Kelby

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1961

MAR 9 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.