

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013341

uSoa

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 395B

STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

FILED MAY 1 1961

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY DALLAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Length of stay in 1b 32 DAYS	c. CITY OR TOWN URBANA Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1/2 mile North Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ETNA Middle MAE Last GREEN			4. DATE OF DEATH Month April Day 19 Year 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-17-1887
9. AGE (last birthday) 73		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own house	11. BIRTHPLACE (City and state or country) Dallas County-Mo
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Robert Bains	
13b. MOTHER'S MAIDEN NAME SARAH Keith		14. NAME OF HUSBAND OR WIFE Alfred Green	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown	
17. INFORMATION Allen Vaughan, URBANA, 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) Pulmonary emboli DUE TO (b) Phlebothrombosis--right lower extremity DUE TO (c) Burns--Third degree--30% body surface PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Split thickness skin grafts to face, neck, chest, hands, on 11 April 1961 PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) Patient burned in house fire.		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. March 17 '61	
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.) home	
20f. CITY, TOWN, OR LOCATION URBANA		COUNTY DALLAS STATE Missouri	
21. I attended the deceased from March 17, 1961 to April 19, 1961 and last saw her/him alive on April 18, 1961 Death occurred at 6:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.W. Cleaver, M.D.		22b. ADDRESS Springfield, Mo	
22c. DATE SIGNED 4-24-61		23a. BURNAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE 4-19-61		23c. NAME OF CEMETERY OR CREMATORY Bowers Chapel	
23d. LOCATION (City, town, or county) Dallas County, Mo.		(State)	
24. FUNERAL DIRECTOR Allen Vaughan		ADDRESS URBANA, MO.	
25. DATE RECD. BY LOCAL REG. 4-25-61		26. REGISTRAR'S SIGNATURE Effie S. Melton	

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 Jane C. Hunter

Licensed Embalmer No. 4739

P. O. Address Sydney, Me

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.