

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014750

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 49

STATE FILE NUMBER

AMENDED

FILED MAY 10 1961

1. PLACE OF DEATH a. COUNTY: Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Twsp #32 Cullen		Length of stay in 1b 1 year	c. CITY OR TOWN Waynesville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville Rt #2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt #2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bennett Middle Lee Last Green			4. DATE OF DEATH Month April Day 14 Year 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr 25, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 2 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) Bennett Spring Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William L. Green		13b. MOTHER'S MAIDEN NAME Gldays Knowles	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. NAME OF HUSBAND OR WIFE None	
16. SOCIAL SECURITY NO. None		17. INFORMANT William L Green Address Waynesville Rt #2 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) Asphyxiation			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Drowning			2 hrs ?
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none			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.) Boy wandered away from home and fell	
20c. TIME OF INJURY Hour 3:00 a.m. _____ p.m. _____ Month, Day, Year Apr 14 61	into wet weather pond		
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.) Farm Twsp 32 Cullen	20f. CITY, TOWN, OR LOCATION Waynesville	COUNTY Rural Pulaski STATE Missouri
21. I attended the deceased from 4-14-61 to _____ and last saw her/him alive on DOA Death occurred at DOA 3:30P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. E. Nickels (Degree or title)		22b. ADDRESS Waynesville Missouri	22c. DATE SIGNED 4/15/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/17/61	23c. NAME OF CEMETERY OR CREMATORY Dunkard Cemetery	23d. LOCATION (City, town, or county) (State) Waynesville Rural, Missouri
24. FUNERAL DIRECTOR W. Moss-Williams ADDRESS Waynesville Mo		25. DATE RECD. BY LOCAL REG. 4-17-61	26. REGISTRAR'S SIGNATURE Paula Mae Anderson

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Wood

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.