

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-044101

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. **107** Primary Registration District No. **3019** Registrar's No. **205**

AMENDED
ENSON

DATE AMENDED
1/23/62

INSTEAD OF
12/13/61

SHOULD READ
4,21 12/14/61

BY AFFIDAVIT OF Attending Physician

MEDICAL CERTIFICATION

FILED JAN 2 1962

1. PLACE OF DEATH
a. COUNTY **Dunklin**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kennett** Length of stay in 1b **Life**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **117 Oak St** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** COUNTY **Dunklin**
c. CITY OR TOWN **Kennett** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **117 Oak St** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Robert** Middle **Shelton** Last **Green**
4. DATE OF DEATH Month **Dec.** Day **13-14** Year **1961**

5. SEX **Male**
6. COLOR OR RACE **White**
7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **8-13-1922**
9. AGE (last birthday) **39**
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) **Doctor**
10b. KIND OF BUSINESS OR INDUSTRY **Medical**
11. BIRTHPLACE (City and state or country) **Kennett Mo.**
12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **B.J. Green**
13b. MOTHER'S MAIDEN NAME **Rozelia Christian**
14. NAME OF HUSBAND OR WIFE **Mary Green**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
Yes War. II (2)
16. SOCIAL SECURITY NO.
17. INFORMANT **Mrs. Mary Green** Address **Kennett 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) **Acute Coronary Thrombosis**
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)
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. 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 _____ 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.) **14**
20f. CITY, TOWN, OR LOCATION **14** COUNTY **14** STATE _____

21. I attended the deceased from **12-13-61** to **12-13-61** and last saw him alive on **12-13-61**
Death occurred at **Approximately 9:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) **M.D.**
22b. ADDRESS **Kennett Mo.**
22c. DATE SIGNED **12/24/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
23b. DATE **12-16-61**
23c. NAME OF CEMETERY OR CREMATORY **Oak Ridge Cemetery**
23d. LOCATION (City, town, or county) **Kennett Mo.**

24. FUNERAL DIRECTOR **Lentz Service** ADDRESS **Kennett Mo.**
25. DATE RECD. BY LOCAL REG. **12-26-1961**
26. REGISTRAR'S SIGNATURE **Earl Husband**

52

JAN 3 1962

JAN 12 1962

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.

Not Embalmed

Student _____

Signature of Student Embalmer

Signed Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.