

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047673

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 493 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Butler b. CITY Poplar Bluff c. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital 2. USUAL RESIDENCE a. STATE Mo b. COUNTY Wayne c. CITY OR TOWN Piedmont RR. I d. STREET ADDRESS Big Lake Community

3. NAME OF DECEASED (Type or print) Walter Bennett Green 4. DATE OF DEATH Dec. 31 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Widowed 8. DATE OF BIRTH Aug 25-06 9. AGE (last birthday) 55

10a. USUAL OCCUPATION County Road Supervisor 10b. KIND OF BUSINESS OR INDUSTRY Wayne Co. Roads 11. BIRTHPLACE Wayne Co. Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Bennett Green 13b. MOTHER'S MAIDEN NAME Mary Jane Mauler 14. NAME OF HUSBAND OR WIFE Evelyn Dickerson Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Evelyn Green Address Piedmont, Mo.

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompensation DUE TO (b) Arteriosclerotic heart disease DUE TO (c) ... INTERVAL BETWEEN ONSET AND DEATH 2 days 5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1) Diabetes mellitus 2) Acute gastroenteritis PART III. If deceased was female was there a pregnancy in last 90 days. [] Yes [] No [] Unknown

19. WAS AUTOPSY PERFORMED? YES [] NO [x] 20a. ACCIDENT [] SUICIDE [] HOMICIDE [] 20b. DESCRIBE HOW INJURY OCCURRED.

20c. TIME OF INJURY Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955 to Dec 3, 1961 and last saw her/him live on Dec 30, 1961. Death occurred at 1 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert Chugilhardt MD (Degree or title) 22b. ADDRESS Poplar Bluff, Mo 22c. DATE SIGNED 1-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-3-62 23c. NAME OF CEMETERY OR CREMATORY Green Hill Cemetery 23d. LOCATION (City, town, or county) Piedmont, Wayne, Mo. (State)

24. FUNERAL DIRECTOR William Goden ADDRESS Piedmont, Mo 25. DATE RECD. BY LOCAL REG. 1-9-1962 26. REGISTRAR'S SIGNATURE Thelma Keenan

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 6 1962

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 Coker Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coker

Licensed Embalmer No. 3723

P. O. Address Friedmont

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.