

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-001357

AMENDED

Registration District No. 131 Primary Registration District No. 4218 Registrar's No. 25

STATE FILE NUMBER

FILED IN DEATH JAN 29 1962

a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor</b>	Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>Green Ridge</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Windsor Hospital</b>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First **Gertie** Middle **May** Last **GREEN** 4. DATE OF DEATH Month **January** Day **21**, Year **1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married   
Widowed  Divorced  8. DATE OF BIRTH **Sept. 30, 1890** 9. AGE (last birthday) **71**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and state or country) **Climax Springs, Mo.** 12. CITIZEN OF WHAT COUNTRY **U S**

13a. FATHER'S NAME **George W. McDowell** 13b. MOTHER'S MAIDEN NAME **Susan Stark** 14. NAME OF HUSBAND OR WIFE **Joe C. 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. **None** 17. INFORMANT Address **Joe C. Green Green Ridge, 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) **Circulatory Collapse** Interval BETWEEN ONSET AND DEATH **Instant**  
DUE TO (b) **Cerebral Vascular Accident** **16 hrs**  
DUE TO (c) **Hypertension - Vascular Disease** **10 yrs**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **12/15/61** to **1/24/62** and last saw her alive on **1/24/62**  
Death occurred at **11:50 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **William Smith MD** (Degree or title) 22b. ADDRESS **Windsor Mo.** 22c. DATE SIGNED **1/25/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Jan. 26, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Windsor Cemetery** 23d. LOCATION (City, town, or county) (State) **Windsor, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Glen E. Heck Funeral Home Green Ridge, Mo.** 25. DATE RECD. BY LOCAL REG. **JAN 26-1962** 26. REGISTRAR'S SIGNATURE **Mildred Bigum Bay**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

*M.P.*

**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 *John E. Heck*

Licensed Embalmer No. 4063

P. O. Address Green Ridge, 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.