

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005391

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 47

AMENDED

FILED FEB 28 1962

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		c. CITY OR TOWN <u>Centralia</u>	
Length of stay in lb <u>2 weeks</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain County</u>		d. STREET ADDRESS (If outside, give location) <u>320 N. Columbia</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Glenora</u> Middle <u>Green</u> Last <u>Green</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>19</u> Year <u>1962</u>			
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/10/1890</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic Service</u>	11. BIRTHPLACE (City and state or country) <u>Callaway County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>William Aaron Green</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie Grant Nunley</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Della Green</u> Address <u>Centralia, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>senile arteriosclerotic nephrosclerosis with uremia</u>		
DUE TO (b) <u>generalized arteriosclerosis</u>		<u>years</u>
DUE TO (c) <u>arteriosclerotic heart disease with hypertensive cardiovascular disease</u>		<u>years</u>

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Centralia</u> COUNTY <u>Missouri</u> STATE <u>Missouri</u>
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21. I attended the deceased from 10-11-54 to 2-19-62 and last saw ^{her}him alive on 2-19-62
Death occurred at 5 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Edith L. Ward MD</u> (Degree or title)	22b. ADDRESS <u>Centralia, Missouri</u>	22c. DATE SIGNED <u>2-19-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 21, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Centralia</u>	23d. LOCATION (City, town, or county) (State) <u>Centralia, Mo.</u>
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24. FUNERAL DIRECTOR <u>Bill J. Mason</u> ADDRESS <u>Centralia, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>Feb-19-1962</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Ricardo J. Mendez

Licensed Embalmer No. 4876

P. O. Address Centerville, Missouri

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.