

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006067

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 48

AMENDED

FILED MAR 13 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Dunklin</b>	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Dunklin</b>
Length of stay in 1b <b>1 day</b>		c. CITY OR TOWN <b>Kennett</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Route 3</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>TERESA</b>	Middle <b>JEAN</b>	Last <b>GREEN</b>	4. DATE OF DEATH	Month <b>Jan.</b>	Day <b>20</b>	Year <b>1962</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-20-1962</b>	9. AGE (last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 24 HR Days <b>1</b>	Hours <b>1</b>	Min. <b>1</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Kennett, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Berlie W. Green</b>	13b. MOTHER'S MAIDEN NAME <b>Elinor Jane Mariner</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Berlie W. Green</b>	Address <b>Route 3 Kennett, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <b>congenital atelectasis of lungs</b>	DUE TO (b)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>none</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 a.m. p.m.	Month, Day, Year
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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	COUNTY	STATE
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21. I attended the deceased from <b>Jan 20, 1962</b> to <b>Jan 20, 1962</b> and last saw her <b>him</b> alive on <b>Jan 20, 1962</b>
Death occurred at <b>7:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>C.R. Beck M.D.</b>	(Degree or title)	22b. ADDRESS <b>Kennett, Mo</b>	22c. DATE SIGNED <b>3/8/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 21, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens</b>	23d. LOCATION (City, town, or county) <b>Kennett Missouri</b>
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24. FUNERAL DIRECTOR <b>EMERSON'S BALDWIN</b>	ADDRESS <b>Kennett, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-10-1962</b>	26. REGISTRAR'S SIGNATURE <b>Carl J. Lusk</b>
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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 James T. Emerson

Licensed Embalmer No. 5148

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.