

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037640

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 589

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 22 1962

1. PLACE OF DEATH a. COUNTY Boone County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia, Mo.		Length of stay in 1b 15 months	c. CITY OR TOWN Jefferson City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Med. Center HOSPITAL OR INSTITUTION University of Mo.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 817 E. McCarty St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Roger Middle Lee Last GREEN			4. DATE OF DEATH Month 10 Day 15 Year 62
5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-26-62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 30 IF UNDER 1 YEAR Months 30 Days 30 Hours 30 Min.
11. BIRTHPLACE (City and state or country) Jefferson City, Mo		12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME Fredrick C. Greene Jr		13b. MOTHER'S MAIDEN NAME Dorothy L. Busch	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Chas UMMC Columbia Mo Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracranial hemorrhage DUE TO (b) trauma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 2 days
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Father fell in dark room while carrying baby	
20c. TIME OF INJURY Hour 1 a.m. PM Month, Day, Year 10-13-62		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.) home		20f. CITY, TOWN, OR LOCATION Jefferson City, Missouri COUNTY STATE	
21. I attended the deceased from Coroner's Case , to _____ and last saw her/him alive on _____ Death occurred at 12:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard E Johnson, M.D. (Degree or title)		22b. ADDRESS Columbia, Missouri Boone County Hospital	
22c. DATE SIGNED 10-15-62		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE 10-17-62		23c. NAME OF CEMETERY OR CREMATORY Freedom	
23d. LOCATION (City, town, or county) Osage County, Mo (State)		24. FUNERAL DIRECTOR Vernon Mortar Linn Mo ADDRESS	
25. DATE RECD. BY LOCAL REG. Oct 15 1962		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

6109
2269
3
4 0
5 0
8
7 0
8 2
9 9030
10 20
11 121
12 2-0
13 3-0

OCT 23 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.

Student _____
Signature of Student Embalmer

Signed Vernon M. Norton

Licensed Embalmer No. 4125

P. O. Address Liam, 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.