

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0014534

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

137

3023

123

FILED MAY 8 1967

## 1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clinton

Length of stay in 1b

2 1/2 days

c. FULL NAME OF (If NOT in hospital, give location)

Wetzel Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Benton

admission)

c. CITY

OR TOWN Windsor

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

R. F. D. #4

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First  
LESLIEMiddle  
RAYMONDLast  
GREEN

4. DATE OF DEATH

Month

Day

Year

April

30, 1967

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4-12-1896

## 9. AGE (last birthday)

71

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer &amp; Carpenter

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Macon, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Robert N. Green

## 13b. MOTHER'S MAIDEN NAME

Sallie Harris

## 14. NAME OF HUSBAND OR WIFE

Myra Susan Green

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

WWI

## 16. SOCIAL SECURITY NO.

491-20-6936

## 17. INFORMANT

Myra Susan Green Windsor, 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)

Pulmonary Edema

## INTERVAL BETWEEN ONSET AND DEATH

6 hrs

## DUE TO (b)

Myocardial Insufficiency

12 hrs

## DUE TO (c)

Acute Necrotizing Pancreatitis

72 hours

## 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

a.m.

p.m.

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

4-27-67

to 4-30-67

and last saw her alive on 4-30-67

## Death occurred at

6:55 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Type or print)

Clinton L. Glessy, D.O.

## 22b. ADDRESS

Clinton, Mo.

## 22c. DATE SIGNED

5/2/67

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

5-2-1967

## 23c. NAME OF CEMETERY OR CREMATORY

Little Nianqua Cemetery

## 23d. LOCATION (City, town, or county)

Hickory co., Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Clifford Gouge Windsor, Mo.

## 25. DATE RECD. BY LOCAL REG.

May 2 1967

## 26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 0425

2 0080

3

4 0

5 1

6

7 0

8 2

9 5870

10

11

12 2-2

13 1-0

MAY 10 1967

### 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

*Clifford Louze*

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.