

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021115

STATE FILE NUMBER

8
FILED JUN 22 1959

Registration District No. 137

Primary Registration District No.

Registrar's No. 155

300
-57

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Windsor</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Windsor</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <i>Windsor Hospital</i>		Length of stay in 1b <i>59 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>508 E. Florence</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>ANNA</i> Middle <i>POWELL</i> Last <i>GREEN</i>			4. DATE OF DEATH Month <i>June</i> Day <i>12</i> Year <i>1959</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 12, 1873</i>
9. AGE (In years, last birthday) <i>86</i>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min. _____
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Shady Grove Ky.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>
14. NAME OF HUSBAND OR WIFE <i>Richard L. Green</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>
17. INFORMANT <i>Murlin Green</i>		Address <i>1208 B. St Blue Spring Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic Pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Fracture L. Femur</i> DUE TO (c) <i>and subsequent surgery Hip Painning</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 <i>042</i> COUNTY STATE	
21. I attended the deceased from <i>9-3-51</i> to <i>6-12-59</i> and last saw her <i>alive</i> on <i>6-12-59</i> Death occurred at <i>5:25 P</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Claude M. Thurber MD</i>		22b. ADDRESS <i>Windsor, Mo.</i>	
22c. DATE SIGNED <i>6-11-59</i>		22d. PLACE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>June 14, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i> Laurel Oak Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Windsor Mo.</i>
24. FUNERAL DIRECTOR <i>Ellis M. Huston Windsor Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6-18-59</i>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *W. Leonard Downing*

Licensed Embalmer No. *5067*

P. O. Address *Windsor M.*

*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.