

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034523

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 237

FILED OCT 8 1962

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		c. CITY OR TOWN Deer Creek Twp	
Length of stay in lb 4 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General		d. STREET ADDRESS (If outside, give location) Clinton RR#2	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JAMES Middle EZRA Last GREEN			4. DATE OF DEATH Month October Day 5 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/10/87	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Camden Co., Mo.	12. CITIZEN OF WHAT COUNTRY SA	
13a. FATHER'S NAME Issac Richard Green		13b. MOTHER'S MAIDEN NAME Tennessee M. Sullivan		14. NAME OF HUSBAND OR WIFE Bertha Green	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 728 05 5860	17. INFORMANT Bertha Green, Clinton, Missouri		

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 3 days 6 days 2 years.
IMMEDIATE CAUSE (a) Hypostatic Pneumonia		
DUE TO (b) Cerebral Hemorrhage		
DUE TO (c) Cerebral Arteriosclerosis		
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 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 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	
21. I attended the deceased from 10/1/62 to 10/5/62 and last saw him alive on 10/5/62 Death occurred at 10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Dr. R. S. Hallingworth M.D.		22b. ADDRESS Clinton Missouri		22c. DATE SIGNED 10/6/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 7, 1962		23c. NAME OF CEMETERY OR CREMATORY Laurel Oak	
23d. LOCATION (City, town, or county) Clinton, Missouri		25. DATE RECD. BY LOCAL REG. Oct. 6 1962		26. REGISTRAR'S SIGNATURE Mildred Biggers	
24. FUNERAL DIRECTOR Consalus Funeral Home, Clinton, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
3			
4	0		
5	1		
6			
7	0		
8	2		
9	331X		
10			
11			
12	1-0		
13	1-0		

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

DEC 18 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 Eugene R. Concalus

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.