

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-023470

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 150

FILED JUN 21 1965

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|---------------------|--------------|--|--|--|--|
| VS 300 Rev. 4/59 | DATE AMENDED | | | | |
| 1 <u>0425</u> | | | | | |
| 2 <u>0425</u> | | | | | |
| 3 | | | | | |
| 4 <u>1</u> | | | | | |
| 5 <u>2</u> | | | | | |
| 6 | | | | | |
| 7 <u>0</u> | | | | | |
| 8 <u>2</u> | | | | | |
| 9 <u>332X</u> | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 <u>90-2</u> | | | | | |
| 13 <u>1-0</u> | | | | | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> | | c. CITY OR TOWN <u>Clinton</u> | |
| Length of stay in 1b <u>6 yrs</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>320 W. Gravel St</u> | | d. STREET ADDRESS (If outside, give location) <u>320 W. Gravel St</u> | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Gildy</u> Middle <u>Lemon</u> Last <u>Green</u> | | 4. DATE OF DEATH Month <u>June</u> Day <u>12</u> Year <u>1965</u> | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb 7, 1874</u> |
| | | 9. AGE (last birthday) <u>91</u> | |
| | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | |
| | | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 11. BIRTHPLACE (City and state or country) <u>Benton County Mo</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Charles Green</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha Smith</u> | |
| 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT <u>LeRoy Green</u> | | Address <u>320 W. Gravel St Clinton, Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary meningioma</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> |
| DUE TO (b) <u>Cerebral vascular thrombosis</u> | | | |
| DUE TO (c) <u>Cerebral arteriosclerosis</u> | | | <u>years</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| 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 <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u> | | | |
| 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 <u>11/2/65</u> to <u>6/12/65</u> and last saw her alive on <u>6/12/65</u> Death occurred at <u>11:30 AM</u> <u>6/12/65</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>James C. Clouse DO</u> | | 22b. ADDRESS <u>105 E. Ohio Clinton, Mo</u> | 22c. DATE SIGNED <u>6/12/65</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>6/15/1965</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Henry County Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Sickman-Dunning F H Clinton, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-18-65</u> | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigem</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 *R. J. Manning*

Licensed Embalmer No. 4910

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.

Permit obtained 6-18-65
[Signature]