

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0028232

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 234

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0425

2 0425

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4 0

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9 99190

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11 042

12 92-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Henry		a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b all life	c. CITY OR TOWN Clinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital DOA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 316 W. Gravel St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) KENNETH EARL GREEN			4. DATE OF DEATH August 8, 1966
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/20/51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 15
13a. FATHER'S NAME Benjamin Earl Green		13b. MOTHER'S MAIDEN NAME Patricia Jo Wilson	11. BIRTHPLACE (City and state or country) Clinton, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	12. CITIZEN OF WHAT COUNTRY USA
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		14. NAME OF HUSBAND OR WIFE None	
IMMEDIATE CAUSE (a) Rifle shot middle of chest		INTERVAL BETWEEN ONSET AND DEATH immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		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.) Boys playing w/ rifle & one shot the other in chest	
20c. TIME OF INJURY Hour 10:00 a.m. pm Month, Day, Year 8/8/66		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home West Gravel St.		20f. CITY, TOWN, OR LOCATION Clinton	
21. I attended the deceased from Unattended to H and last saw her/him alive on 8/9/66		21. I attended the deceased from Unattended to H and last saw her/him alive on 8/9/66	
22a. SIGNATURE (Degree or title) Dr. R. S. Halligan M.D. Acting Surgeon		22b. ADDRESS Clinton Mo.	
22c. DATE SIGNED 8/9/66		22d. LOCATION (City, town, or county) (State) Clinton, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 11, 1966	
23c. NAME OF CEMETERY OR CREMATORY Englewood		23d. LOCATION (City, town, or county) Clinton, Missouri	
24. FUNERAL DIRECTOR Consalus		25. DATE RECD. BY LOCAL REG. 8-9-1966	
26. REGISTRAR'S SIGNATURE Mildred Bigum		26. REGISTRAR'S SIGNATURE Mildred Bigum	

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 J. E. Consolus

Licensed Embalmer No. 1891

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 8-9-66 (MFB)