

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Koshkonong Big Apple Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 17 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Koshkonong 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Edward Green

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Green

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased December 12 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>1</u>	<u>28</u>	_____ hr. _____ min.

9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired railroader and car-penter

11. Industry or business _____

12. Name Unknown

13. Birthplace _____ England 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____ England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Percy Green

(b) Address Koshkonong, Mo.

17. (a) Burial (b) Date thereof 2/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bey Cem.

18. (a) Signature of funeral director Richard Carter
(b) Address Phayer, Mo.

19. (a) 3-26-48 (b) Edith Cross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1948 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from Feb 1
1948 to Feb 10 1948
that I last saw him alive on Feb 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarct
2. Coronary Heart Failure

Due to Coronary

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature W. Cooper (M. D. or other) MD
Address Phayer, Mo. Date signed 3-12-48

RECEIVED

District Officer No 5

District File Number 448-25-7

Date Filed 4-13-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.