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FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8790

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Carthage)		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital		d. STREET ADDRESS (If rural, give location) 204 Meridian St.	
3. NAME OF DECEASED (Type or Print) a. (First) NAOMI b. (Middle) BERTHA c. (Last) GREEN		4. DATE OF DEATH (Month) (Day) (Year) March 1, 1949	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH Jan. 9, 1862
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife	10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Laclede, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Phillip Ray		13b. MOTHER'S MAIDEN NAME Isabel Springer	
14. NAME OF HUSBAND OR WIFE Albert 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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry Leggitt, ADDRESS 515 Cedar, Carthage, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>		<u>1 hour</u>
ANTECEDENT CAUSES		DUE TO (b) <u>Open Reduction of femur</u> <u>2 1/2 hours</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Spiral fracture of femur, lt</u> <u>18 days</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>Arteriosclerosis</u> <u>100%</u>	

19a. DATE OF OPERATION <u>28th Feb</u>	19b. MAJOR FINDINGS OF OPERATION <u>Spiral fractured femur with muscle between fragments</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carthage Jasper</u> <u>Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 12 1949</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Became dizzy and fell</u>	
22. I hereby certify that I attended the deceased from <u>4-7</u> , 19 <u>49</u> , to <u>7-10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-28</u> , 19 <u>49</u> , and that death occurred at <u>9:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. J. McNew M.D.</u>		23b. ADDRESS <u>Carthage Miss</u>	23c. DATE SIGNED <u>3-2-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Mar 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Mar 3-49</u>	REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary, Carthage, Mo.</u> ADDRESS	

Per n. Ferguson, Licensed Embalmer's Statement on Reverse Side)

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

**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.

Signed Frank W. Kneel

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4440

P. O. Address Carthage

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.