

FILED JUN 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22352

BIRTH NO.		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>108</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Vernon</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Greene</u>		39	
b. CITY OR TOWN <u>Nebraska</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 days</u>		c. CITY OR TOWN <u>Springfield</u>		2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital 3 2</u>				d. STREET ADDRESS (If rural, give location) <u>1360 East Florida</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lillie</u>		b. (Middle)		c. (Last) <u>Green</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>wh.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>unknown</u>	
9. AGE (in years last birthday) <u>48</u>		10. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>unknown</u>		9	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>K.V. Kelly</u>	
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'S SIGNATURE OR NAME <u>Records State Hosp 3 Nevada Mo</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular collapse</u>				2 weeks	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) <u>Maniacal Exhaustion</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>---</u>	
		II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>---</u>			
22. I hereby certify that I attended the deceased from <u>June 9, 1949</u> , to <u>June 10, 1949</u> , that I last saw the deceased alive on <u>June 10, 1949</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul L. Barone M.D.</u>				23b. ADDRESS <u>State Hosp 3 Nevada Mo</u>		23c. DATE SIGNED <u>6-10-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlaw Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo</u>	
DATE REC'D BY LOCAL REG <u>June 15, 1949</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Yancy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blair Johnson</u>		ADDRESS <u>Funeral Home Springfield, Mo</u>	

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

RECEIVED

District Health Officer No. 7.

District File Number 5-49-741

Date Filed 6-30-49

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

Signed Jewell E. Kudd

Licensed Embalmer No. 2831

P. O. Address Springfield 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 this body is not embalmed, fact should be so stated above.