

0. 300
0. 48

39

05

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

FILED JUL 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23167

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5464 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Murray Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (In this place) 50 yrs.		39 6 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Willard R.R. 1		d. STREET ADDRESS (If rural, give location) Willard R.R. 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Romulus	b. (Middle) Otis	c. (Last) Greene	4. DATE OF DEATH (Month) (Day) (Year) July 14, 1949
-------------------------------------	---------------------------	-------------------------	-------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 23, 1877	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 7 Days 21	IF UNDER 24 HRS. Hours 0 Min. 0
--------------------	-------------------------------	--	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	---

13a. FATHER'S NAME Benjamin Greene	13b. MOTHER'S MAIDEN NAME Laura Elizabeth Greene	14. NAME OF HUSBAND OR WIFE Josie Lee Greene
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. Spanish-American	17. INFORMANT'S SIGNATURE OR NAME Josie Lee Greene, Willard, R#1, Mo.	ADDRESS
---	--	---	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 40 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4 201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 3/21, 1949, to July 14, 1949, that I last saw the deceased alive on June 28, 1949, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. W. [Signature]	23b. ADDRESS Willard, Mo.	23c. DATE SIGNED 7/15/49
--	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 16, 1949	24c. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Near Willard, Mo.
--	-----------------------------------	---	---

DATE REC'D BY LOCAL REG. 7/20/49	REGISTRAR'S SIGNATURE Drew H. Wilson	25. FUNERAL DIRECTOR'S SIGNATURE W. D. [Signature]	ADDRESS Brim Funeral Service, Inc. Ash Grove, Mo.
--	--	--	---

RECEIVED

Greene County Health Office,

County File Number 49-47-7

Date Filed 7-23-49

JUL 27 1949

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 Warren D. Roblett

Signed _____
Student Embalmer

Licensed Embalmer No. 4005

P. O. Address Ash Grove

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.