

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26691

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 789

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| 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 OR TOWN Rural Campbell Twp.) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Campbell Twp. | |
| c. LENGTH OF STAY (in this place) 72 years | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield R.F.D. # 11 | | d. STREET ADDRESS (If rural, give location) Springfield R.F.D. # 11 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) ELIZABETH c. (Last) GREEN | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1949 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 13 Dec. 1862 | 9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY home | 11. BIRTHPLACE (State or foreign country) Bridgeport, Connecticut | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME George Twigger | 13b. MOTHER'S MAIDEN NAME Ann Graves | 14. NAME OF HUSBAND OR WIFE George Green |
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| 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 ADDRESS Charles Green, Rt. 11, Springfield, Mo. |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary - Renal - Vascular Disease | | INTERVAL BETWEEN ONSET AND DEATH 6 mo |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Aug 20 1949, to Sept 3 1949, that I last saw the deceased alive on Sept 1 1949, and that death occurred at 10:50P m., from the causes and on the date stated above.

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| 23a. SIGNATURE May T. Holt (Type or Print) | 23b. ADDRESS Springfield, Mo. | 23c. DATE SIGNED 9-7-49 |
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|---------------------------------------------------------|-------------------------------|------------------------------------------------------|-----------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5 Sept. 1949 | 24c. NAME OF CEMETERY OR CREMATORY Hazel Wood | 24d. LOCATION (City, town, or county) (State) Springfield, Mo. |
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| DATE REC'D BY LOCAL DES. 9-7-49 | REGISTRAR'S SIGNATURE W. E. Handley | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred C. Thiem, Springfield, Mo. |
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(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 Ralph H. Thieme

Signed.....
Student Embalmer

Licensed Embalmer No. 3681

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.