

FILED OCT. 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 291843

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4015</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Westboro</u>		c. LENGTH OF STAY (in this place) <u>5 Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Westboro</u>		30	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence on Main St</u>				d. STREET ADDRESS (If rural, give location) <u>Main Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>C</u> c. (Last) <u>Green</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-30-1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED? <u>Married</u> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Mar-30-1870</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Nellie Green</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Keyle Green Westboro, Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hemorrhage, cerebral</u> ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH <u>Aug 12 1949</u> <u>331</u>	
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) (Min.)		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 <u>July 17</u> , 1949, to <u>Aug 27</u> , 1949, that I last saw the deceased alive on <u>Aug 27</u> , 1949, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. J. Gilbert</u> (Degree or title) <u>III</u>				23b. ADDRESS <u>Liberal Ave</u>		23c. DATE SIGNED <u>Sept 5 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-1st</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Center Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Near Westboro Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 5 1949</u>		REGISTRAR'S SIGNATURE <u>Debra Crabtree</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walters Mo</u>			

(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 _____

Scott Tucker

Student Embalmer No. **2824**

working under my personal supervision.

Student
Student Embalmer

Signed *Scott Tucker*

Licensed Embalmer No. **2824**

P. O. Address **Westboro, 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.