

36893

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 5 1949

State File No. _____

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1048

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hilbert</u>	
c. LENGTH OF STAY (in this place) <u>7 mo. 8 days</u>		d. STREET ADDRESS (If rural, give location) <u>Box 124</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elwin</u> b. (Middle) <u>Otto</u> c. (Last) <u>GREEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 27, 1893</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>taxicab driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>cab co.</u>	11. BIRTHPLACE (State or foreign country) <u>Wildecherry, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Sam J. Green</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Sea</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Green</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY NO. <u>447 10 1980</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, Springfield, Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, chronic, far advanced, active</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____		
	11. OTHER SIGNIFICANT CONDITIONS <u>Tuberculous meningitis, terminal</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

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) (m.)	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 Vet. Adm. attended the deceased from Apr 22, 1949, to Nov 29, 1949, ~~that death occurred on the date stated above.~~ and that death occurred at 3:55A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul L. Fiske, M.D.</u> (Degree or title) <u>Clinical Director</u>	23b. ADDRESS <u>VAH., Springfield, Mo.</u>	23c. DATE SIGNED <u>Nov. 29, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>11-29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hilbert Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hilbert Okla.</u>
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DATE REC'D BY LOCAL REG. <u>11-29-49</u>	REGISTRAR'S SIGNATURE <u>W.S. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alloyd R. Mallett - Jagoner, Okla.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

JUN 9 1951

JUN 13 1950

SEP 18 1951

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 *Alfred R. Mallett*

Okla
Licensed Embalmer No. *1245*

P. O. Address *Boyer Wagner, Okla*

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.