

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21016

State File No.

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. K357 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSTON 0720</u>	
c. LENGTH OF STAY (in this place) <u>24 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>11</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO.</u>			
3. NAME OF DECEASED a. (First) <u>MILLIE</u> (Type or Print)		b. (Middle) <u>GREEN</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-19-1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 1980</u>
9. AGE (in years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>TIM WALKER</u>		13b. MOTHER'S MAIDEN NAME <u>V.N.K.</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>NO.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Joan Green</u>		ADDRESS <u>Marston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anterograde Hypertension</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>June 14, 1950</u> , to <u>June 14, 1950</u> , that I last saw the deceased alive on <u>June 14, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joan Green M.D.</u> (Degree or title)		23b. ADDRESS <u>Portageville, Mo.</u>	
23c. DATE SIGNED <u>6-21-50</u>			
24a. BURIAL/CREMATION/REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/20/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN</u>		24d. LOCATION (City, town, or county) (State) <u>NEW MADRID MO</u>	
DATE REC'D BY LOCAL REG. <u>6-27-50</u>		REGISTRAR'S SIGNATURE <u>H. L. Ponder</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard's Undertaking Co - New Madrid</u>		ADDRESS <u>MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0720

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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 Donald T Roberts

Licensed Embalmer No. 4722

P. O. Address Spurwood Me

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.