

FILED AUG 7 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 25856

BIRTH NO. _____		REG. DIST. NO. 358		PRIMARY REG. DIST. NO. 6215		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY VERNON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY VERNON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-OSAGE TWP.		c. LENGTH OF STAY (In this place) 70 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-OSAGE TWP.		1081	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD #3-RICH HILL Mo.				d. STREET ADDRESS (If rural, give location) 4 MI. SOUTH RICH HILL			
3. NAME OF DECEASED (Type or Print) a. (First) ARLANDER THEODORE GREEN			b. (Middle) GREEN			c. (Last) GREEN	
4. DATE OF DEATH JUNE-30-1950		5. SEX M		6. COLOR OR RACE MORE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	
8. DATE OF BIRTH JULY-12-1875		9. AGE (In years last birthday) 74		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY COAL	
11. BIRTHPLACE (State or foreign country) CAMDEN COUNTY, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM GREEN		13b. MOTHER'S MAIDEN NAME MISSOURI WELCH	
14. NAME OF HUSBAND OR WIFE MAGGIE GREEN		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 MAGGIE INGRAM-RICH HILL, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease & Bundle branch block and probably terminal ventricular asystole. DUE TO (b) → Coronary Sclerosis. 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 years 4200	
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)		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 9-16, 1946, to 6-30, 1950, that I last saw the deceased alive on 6-9, 1950, and that death occurred about 5 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. Brooker Curis M.D.				23b. ADDRESS Nevada, Mo.		23c. DATE SIGNED 7-2-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY-2-1950		24c. NAME OF CEMETERY OR CREMATORY CARBON CENTER		24d. LOCATION (City, town, or county) (State) VERNON COUNTY-MO	
DATE REC'D BY LOCAL REG. July 24-1950		REGISTRAR'S SIGNATURE Mrs. Sarah E. Gray 329		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Booth Funeral Serv-Rich Hill, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

1080

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED AUG 2 1950

Dist. File 850-9070

Date Filed 8-5-50

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Robert G. Steinbeck  
Licensed Embalmer No. 4657

P. O. Address Butler, Md.

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.