

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 16 1951

No. 300
10.48

451
48
33
72
0

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

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Van Ravensway Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u> <u>0270</u>	
3. NAME OF DECEASED a. (First) <u>CALEB</u> b. (Middle) <u>STADEN</u> c. (Last) <u>GREENE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>9-12-1933</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>17</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.
13a. FATHER'S NAME <u>Albert Greene</u>		13b. MOTHER'S MAIDEN NAME <u>Rose CHAPMAN</u>	11. BIRTHPLACE (State or foreign country) <u>Franklin Mo. U.S.A.</u>
14. NAME OF HUSBAND OR WIFE		12. CITIZEN OF WHAT COUNTRY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Rose Greene</u> ADDRESS <u>Boonville 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injury to nose and skull.</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) <u>Patient during during an anesthetic (sodium pentotal dec) probably by a cerebral embolus. 027</u> 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 checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks 8 3/4</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Sedalia, Mo</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Boonville Mo. Cooper Co</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 18 1951 p. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>playing basketball</u>	
22. I hereby certify that I attended the deceased from <u>Jan 8 1951</u> to <u>Jan 9 1951</u> , that I last saw the deceased alive on <u>Jan 9, 1951</u> , and that death occurred at <u>11 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Alex Ravnecwoy M.D.</u>		23b. ADDRESS <u>Boonville Mo.</u>	23c. DATE SIGNED <u>Jan 11 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-12-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel</u>	24d. LOCATION (City, town, or county) (State) <u>Franklin Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-11-51</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u> 381	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart Parson</u> ADDRESS <u>Columbia, Mo</u>	

RECEIVED 1-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-15-51

JAN 31 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, on _____

working under my personal supervision.

Student Embalmer No.

Signed

Stuart D. Parker

Signed.....
Student Embalmer

Licensed Embalmer No. 2900

P. O. Address Columbia M

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.