

FILED FEB 12 1951

STANDARD CERTIFICATE OF DEATH

2030

State File No.

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|---|---|---|--|--|---|--|-------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>292</u> | | PRIMARY REG. DIST. NO. <u>3908</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Missouri</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boonville</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Steels Creek</u> | | c. LENGTH OF STAY (in this place) <u>1 year</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Steels Creek Mo</u> | | <u>0780</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Holland Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Rt. 1 Box 263</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Laddie</u> b. (Middle) <u>Green</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-4-51</u> | | | | |
| 5. SEX <u>F</u> | 3 | 6. COLOR OR RACE <u>Col</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>8-3-1911</u> | | 9. AGE (In years last birthday) <u>39</u> | 6 1 1 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY — | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Alfred Fields</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lalia Jones</u> | | 13. NAME OF HUSBAND OR WIFE <u>James Green</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. — | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Green Steels Creek 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>C.A.</u> ANTECEDENT CAUSES DUE TO (b) <u>C.A.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1998</u> | |
| 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) | | 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>Nov. 15</u> , 19 <u>50</u> , to <u>Feb 4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb. 1</u> , 19 <u>51</u> , and that death occurred at <u>11:30 P.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>D.C. McLean</u> | | | | 23b. ADDRESS <u>Hillside Mo.</u> | | 23c. DATE SIGNED <u>Feb. 8, 51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>1-8-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>North Chapel</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lucy Tenn</u> | | |
| DATE REC'D BY LOCAL REG. <u>1-8-51</u> | | REGISTRAR'S SIGNATURE <u>L. J. O'Connell</u> | | 249 GENERAL DIRECTOR'S SIGNATURE <u>Permon Bondt Co Steels</u> | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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

0780

2-51-46

FEB 19 1951

S. B. Beecher, M. D.,
County Health Department
Catharville, Missouri

FEB 10 REC'D

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 *John H. German*.....

Licensed Embalmer No. *4355*.....

P. O. Address *Hayti, 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.