

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4201

FILED MAR 3 1952

BIRTH NO. 6103 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 55

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Gir.					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Gir.		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape GirARDEAU 0164					
d. FULL NAME OF HOSPITAL OR INSTITUTION S.E. Mo. Hospital				d. STREET ADDRESS (If rural, give location) U					
3. NAME OF DECEASED (Type or Print) a. (First) Baby			b. (Middle) Green			c. (Last) Green			
4. DATE OF DEATH (Month) (Day) (Year) 2 - 22 - 52		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married			
8. DATE OF BIRTH 2 - 21 - 52		9. AGE (In years last birthday) —		10. MONTHS —		11. YEARS 2			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) CAPE GIRARDEAU Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Freddie Green			13b. MOTHER'S MAIDEN NAME Masters			14. NAME OF HUSBAND OR WIFE			
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 ADDRESS Freddie Green Whitewater, R2					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Pericard DUE TO (c) ✓ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Trouble				INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7544				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) (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 Feb 21, 1952 , to Feb 22, 1952 , that I last saw the deceased alive on Feb 22, 1952 , and that death occurred at KA m., from the causes and on the date stated above.									
23a. SIGNATURE D. J. Schreiber				23b. ADDRESS Jackson Mo.		23c. DATE SIGNED Feb 23 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-22-52		24c. NAME OF CEMETERY OR CREMATORY Sedgewickville		24d. LOCATION (City, town, or county) (State) Sedgewickville, Mo.			
DATE REC'D BY LOCAL REG. 2-25-52		REGISTRAR'S SIGNATURE C. C. Summers		44-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McCombs Funeral Home JACKSON			

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.....

Body was not Embalmed

Student Embalmer No.

working under my personal supervision.

Signed *Thomas Allen*

Signed.....
Student Embalmer

Licensed Embalmer No. *40050*

P. O. Address *Geckman*

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.