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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8080

FILED MAR 17 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 246

76 0
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>8 hours</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's</u>		d. STREET ADDRESS (If rural, give location) <u>814 South Nettleton</u>	
3. NAME OF DECEASED a. (First) <u>ROSA</u> b. (Middle) <u>GREEN</u> c. (Last) <u>WEATHERMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 9 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 5, 1879</u>
9. AGE (In years last birthday) <u>72</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 Hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Coldwater, Michigan</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Harry Green</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucy Green</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ted Weatherman, Springfield, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ATYPICAL PNEUMONIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIAL HYPERTENSION</u> DUE TO (c) <u>CHRONIC MYOCARDIAL DISEASE</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"/>		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) <u>492X</u>	
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>Sept</u> , 19 <u>50</u> , to <u>3-9</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-9</u> , 19 <u>52</u> , and that death occurred at <u>10:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Name or Title) <u>M.D.</u>		23b. ADDRESS <u>Springfield Mo</u>	
23c. DATE SIGNED <u>3-12-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>March 15, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeier, Springfield, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-13-52</u>		REGISTRAR'S SIGNATURE <u>James T. Moore, M.D.</u>	

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.....

Gene B. Hunter

Signed.....

Student Embalmer

Licensed Embalmer No. *4439*

P. O. Address *Springfield, W.*

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.