

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23401**

FILED JUN 23 1952

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 104				
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Barton						
b. CITY OR TOWN Nevada		c. LENGTH OF STAY (in this place) 6 da		c. CITY OR TOWN Lamar		0061				
d. FULL NAME OF HOSPITAL OR INSTITUTION 301 East Cherry				d. STREET ADDRESS (If rural, give location) 1						
3. NAME OF DECEASED (Type or Print) a. (First) LETTIE b. (Middle) JANE c. (Last) GREENE			4. DATE OF DEATH (Month) (Day) (Year) June 14 1952							
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb 7 1877		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 7	IF UNDER 1 MIN. Hours 	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Crisp, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Frank White			13b. MOTHER'S MAIDEN NAME Mahaley Madlock			14. NAME OF HUSBAND OR WIFE Samuel M. 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. xxx		17. INFORMANT'S SIGNATURE OR NAME Mrs. Everett Williams, Nevada, Missouri						
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) Carcinoma of Pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 6 months		
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) (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 June 24, 1952 , to June 14, 1952 , that I last saw the deceased alive on June 13, 1952 , and that death occurred at 7:20 p. m. , from the causes and on the date stated above.										
23a. SIGNATURE Ray W. Pearson MD (Degree or title)				23b. ADDRESS Nevada Mo		23c. DATE SIGNED 6/17/52				
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE June 17 1952	24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery		24d. LOCATION (City, town, or county) (State) Dade County, Missouri					
DATE REC'D BY LOCAL REG. 6-18-52		REGISTRAR'S SIGNATURE Arnold E. Ferry 451		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Konantz Funeral Home, Lamar, Missouri						

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

1082

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..... *Barb Honantz*
Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.