

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37431**

FILED NOV 12 1952

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **146**

1080

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

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rich Hill	
c. LENGTH OF STAY (in this place) 1 m 6 d		d. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital 3 Nevada			

3. NAME OF DECEASED (Type or Print)	a. (First) OLIVE	b. (Middle) MAY	c. (Last) GREEN	4. DATE OF DEATH (Month) (Day) (Year) Nov 5, 1952
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 3, 1869	9. AGE (in years) (Month) (Day) (Hour) (Min.) 83 6 2 - -
10a. USUAL OCCUPATION (Give kind of work during part of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign County) Cass County Mo	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Walter B. LaFollette	13b. MOTHER'S MAIDEN NAME Cecilia Ann Dodd	14. NAME OF HUSBAND OR WIFE John Green
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Records State Hospital 3 Nevada Mo	ADDRESS Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis - several years DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus Ulcer on Buttocks			

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION no	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rich Hill, Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Nov 4 1952 11:30 AM	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Nov 4, 1952** to **Nov 5, 1952**, that I last saw the deceased alive on **Nov 4, 1952**, and that death occurred at **6:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul L. Barone M.D.	23b. ADDRESS State Hospital 3 Nevada	23c. DATE SIGNED Nov 5/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE 11-5-1952	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Rich Hill, Missouri
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DATE REC'D BY LOCAL REG. 11-7-52	REGISTRAR'S SIGNATURE Anna G. Harvey	25. FUNERAL DIRECTOR'S SIGNATURE Booth's Funeral Service-Rich Hill, Mo	ADDRESS _____
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SEP 6 1956

FEB 2 1956

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

John S. Underwood

Licensed Embalmer No. *3585*

P. O. Address *Butler, 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.