

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37710**

FILED DEC 8 1952

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|--|--|--|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>1211</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Bushanan,</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>H. Joseph, Mo.</u> | | c. LENGTH OF STAY (in this place) <u>8 mos 24 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo. 3128</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Gladstone Hotel</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Joseph</u> | | b. (Middle) <u>M.</u> | | c. (Last) <u>Green</u> | |
| 4. DATE OF DEATH | | (Month) <u>Nov.</u> | | (Day) <u>22</u> | | (Year) <u>1952</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, (1) WIDOWED, DIVORCED (Specify) <u>Never married</u> | | 8. DATE OF BIRTH <u>Dec. 21, 1902</u> | |
| 9. AGE (In years last birthday) <u>49</u> | | # UNDER 1 YEAR Months <u>9</u> Days <u>24</u> | | # UNDER 24 HRS. Hours <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Birdtown, Texas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Edward H. Green</u> | | 13b. MOTHER'S MAIDEN NAME <u>Bernice Crathan</u> | | 14. NAME OF HUSBAND OR WIFE <u>single</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>yes, Ft. Sill Oklahoma Army 1945-47</u> | | 16. SOCIAL SECURITY NO. <u></u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Records of State Hosp # 2</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>Chron. Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u> 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 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>025X</u> | | | | 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) | | 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. 4</u> , 19 <u>52</u> , to <u>Nov. 22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov. 21</u> , 19 <u>52</u> , and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Marvin Bachman, M.D.</u> | | | | 23b. ADDRESS <u>State Hosp. # 2, H. Joseph, Mo.</u> | | 23c. DATE SIGNED <u>Nov. 22, 52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Nov. 25, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Kirksville School of Ost.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kirkville, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Dec. 1, 1952</u> | | REGISTRAR'S SIGNATURE <u>Carl C. Casper</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Blaine Funeral Home</u> | | ADDRESS <u>H. Joseph, Mo.</u> | |

(Licensed Embalmers' Statement on Reverse Side)

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

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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 Paula E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph, 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.