

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39778

FILED NOV 18 1952  
BIRTH NO. 78332 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 137

850  
0

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

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Fort Leonard Wood, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Waynesville, 0850</u>	
c. LENGTH OF STAY (In this place) <u>- -</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JUDITH</u>	b. (Middle) <u>LYNN</u>	c. (Last) <u>GREEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 12 1952</u>
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5. SEX <u>Female 3</u>	6. COLOR OR RACE <u>Negroid</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>- - 1</u>	8. DATE OF BIRTH <u>12 Nov 1952</u>	9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 100 Hrs. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>- -</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>- -</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Leonard Wood, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Willie Green</u>	13b. MOTHER'S MAIDEN NAME <u>Marion Steele</u>	14. NAME OF HUSBAND OR WIFE <u>- -</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>- -</u> (If yes, give war or dates of service) <u>- -</u>	16. SOCIAL SECURITY NO. <u>- -</u>	17. INFORMANT'S SIGNATURE OR NAME <u>B. J. BAJORIN, Major, MSC Ft. Leonard Wood, Mo</u> ADDRESS <u>US Army Hospital</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>17 min 7</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis and prematurity</u>		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Premature labor</u> DUE TO (c) <u>Premature rupture of membranes</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1615</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5:05 Pm.</u>	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 12 Nov, 1952, to 12 Nov, 1952, that I last saw the deceased alive on 12 Nov, 1952, and that death occurred at 5:05 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Jane A. Mean...</u> (Degree or title) <u>U</u>	23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>	23c. DATE SIGNED <u>13 Nov 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>14 Nov 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Iberia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Iberia Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-14-52</u>	REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Home Iberia Mo</u> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

Date Filed 11-16-52  
File Number \_\_\_\_\_  
Alaska County Health Officer  
RECEIVED  
11-14-52

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.

*Not Embalmed*

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.