

No. 300
10.48

FILED NOV 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39829

890
1

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

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 4448 Registrar's No. _____

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lawson</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lawson</u> | |
| c: LENGTH OF STAY (in this place) <u>24 yrs</u> | | 1890 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |

| | | | | | |
|--|--------------------------|------------------------|---------------------|-----------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>SUSAN</u> | b. (Middle) <u>OLIVE</u> | c. (Last) <u>GREEN</u> | (Month) <u>Nov.</u> | (Day) <u>12</u> | (Year) <u>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>May 13 1870</u> | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>29</u> | IF UNDER 2 HRS. Hours <u></u> Min. <u></u> |
| 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>Housekeeping</u> | | 11. BIRTHPLACE (State or foreign country) <u>Carroll Co Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |

| | | |
|--|---|---|
| 13a. FATHER'S NAME <u>Milton Frame</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Wallace</u> | 14. NAME OF HUSBAND OR WIFE <u>J.S. Green</u> |
|--|---|---|

| | | | |
|--|-------------------------|---|---------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Jefferson Ballou Ritz Lee Sumner</u> | ADDRESS <u>153X</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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> | | |
| | 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. | | | |

| | | |
|------------------------|----------------------------------|--|
| 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>Lawson Ray Mo.</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 <u>up</u> |

22. I hereby certify that I attended the deceased from Nov. 1, 1952, to Nov. 12, 1952 that I last saw the deceased alive on Nov. 12, 1952, and that death occurred at 7 P.m., from the causes and on the date stated above.

| | | |
|--|----------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Oetus E. Bucher M.D.</u> | 23b. ADDRESS <u>Lawson</u> | 23c. DATE SIGNED <u>Nov 13 '52</u> |
|--|----------------------------|------------------------------------|

| | | | |
|---|-------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 14-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Avalon Cemetery</u> | 24d. LOCATION (City, town, or county) STATE <u>Avalon Missouri</u> |
|---|-------------------------------|---|--|

| | | |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>Nov. 13, 1952</u> | REGISTRAR'S SIGNATURE <u>Mrs. Raymond Krouse</u> 3640 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jarman-Prichard Lawson Mo</u> |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....

Lindee F. Jarman

Signed.....
Student Embalmer

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs, 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.