

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42707

State File No. ....

FILED DEC 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 82

541  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>LAFAYETTE</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HIGGINSVILLE</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HIGGINSVILLE</u> <u>0541</u>                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>225 W. 19TH ST.</u>                                   |  | d. STREET ADDRESS (If rural, give location) <u>225 W. 19TH ST.</u> <u>0</u>   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>HENRY</u> b. (Middle) _____ c. (Last) <u>GREEN</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>DEC 3 1952</u> |   |  |
| 5. SEX <u>MALE</u>  |  | 6. COLOR OR RACE <u>NEGRO</u>                    |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> |  |
| 8. DATE OF BIRTH <u>MARCH 10, 1865</u>  |  | 9. AGE (In years last birthday) <u>87</u>        |  | IF UNDER 1 YEAR: Days <u>8</u> Hours <u>23</u> Min. <u>4</u>          |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____       |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> |  | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>             |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |  |  |   |  |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>HARRY GREEN</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>EDITH GRAYSON</u> |  | 14. NAME OF HUSBAND OR WIFE <u>ANNA McCORMICK</u>                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> |  | 16. SOCIAL SECURITY NO. <u>494-12-4387</u>     |  | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS THOMAS BENTON</u> ADDRESS <u>HIGGINSVILLE</u> |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u> |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                        |  |   |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Gastric ulcer with Esophageal Stenosis</u> |  |   |  |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION <u>None</u>                           |  | 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 Aug 19, 1952, to Dec 3, 1952, that I last saw the deceased alive on Dec 2, 1952, and that death occurred at 4:05 a.m., from the causes and on the date stated above.

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|--|--|---|--|---|--|
| 23a. SIGNATURE <u>Edwin Helms D.O.</u> (Degree or title) |  | 23b. ADDRESS <u>Higginsville, MO.</u>                                   |  | 23c. DATE SIGNED <u>12/6/52</u>                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  |  | 24b. DATE <u>DEC. 6, 1952</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. MUNICIE</u> |  |
|  |  | 24d. LOCATION (City, town, or county) (State) <u>LAFAYETTE MISSOURI</u> |  |   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>Dec 8-1952</u> |  | REGISTRAR'S SIGNATURE <u>Rayton St. Landrum</u> <u>154-0</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Shackton Baker</u> ADDRESS <u>Higginsville</u> |  |
|--|--|--|--|--|--|

**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

*Robert Beckhof*

Licensed Embalmer No. 4284

P. O. Address Higginsville 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. \