

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10390**

No. 300  
10.48

FILED MAR 30 1953

3600  
2-2-52  
Registrar's No. 59

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>2-2-52</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Simpson T.S.</u>		c. LENGTH OF STAY (in this place) <u>29yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Simpson T.S.</u>		<u>1510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, R.R.2.</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. No.2, Warrensburg, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>Cynthia Jane Green,</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>March 16th, 1953</u>		(Month)		(Day)		(Year)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 26, 1891</u>	
9. AGE (in years) <u>61</u>		IF UNDER 1 YEAR Months <u>06</u>		IF UNDER 1 YEAR Days <u>01</u>		IF UNDER 1 YEAR Hours <u>00</u> Min. <u>00</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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Pleasant C. Wilborn,</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Francis DeHaven,</u>		14. NAME OF HUSBAND OR WIFE <u>Charles J. Green,</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. C. J. Green,</u>		ADDRESS <u>Warrensburg, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause for (a), (b), and (c) <i>This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial fibulation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary insufficiency</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 months</u> <u>6 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. INCIDENT EXHAUSTION 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>4201</u>	
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 <u>2-15</u> , 19 <u>53</u> to <u>3-16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-15</u> , 19 <u>53</u> , and that death occurred at <u>11:35 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. Lee Cooper M.D.</u>				23b. ADDRESS <u>M.D. Warrensburg, Missouri</u>		23c. DATE SIGNED <u>3-17-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-18-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 19, 1953</u>		REGISTRAR'S SIGNATURE <u>Savannah Douthett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. ...</u>		ADDRESS <u>Warrensburg, Mo.</u>	

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

510  
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EMERALD  
MAR 23 1953  
JOHNSON COUNTY HEALTH DEPT.

SEP 28 1953  
SEP 21 1953

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed J. W. Banninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.

10390-53

September 25th. 1953

Johnson County,  
State of Missouri,

On this 25th. Day of September, R.A. Brauninger, appeared before me, and states that on March the 16th. 1953, he did make out the death certificate for Mrs. Cynthia Jane Green, who died on the 16th. day of March, 1953, and in so doing, stated the date of her Birth as August 26, 1889, and it should have been August 26th. 1891.

Signed, R.A. Brauninger

Subscribed and sworn before me this 25th. day of September, 1953., The above R.A. Brauninger did appear before me and did sign this instrument of affidavit.

J. W. Hutchings  
Notary Public.

MY COMMISSION EXPIRES NOV. 20, 1956

The Corrected Copy, signed by the original M.D. in attendance is hereto attached.

Sup - 10390

