S. No. 300
v. 10.48

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

FILED MAY 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13581

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5263 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Linden Twsp.
c. LENGTH OF STAY (In this place): 60 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christian

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Christian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Linden Twsp. 0220
d. STREET ADDRESS (If rural, give location): Christian

0220
1

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): F.
c. (Last): Green

4. DATE OF DEATH (Month) (Day) (Year): May 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 18, 1883
9. AGE (In years last birthday): 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): North Carolina
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Calvin Green
13b. MOTHER'S MAIDEN NAME: Carrie Farthing
14. NAME OF HUSBAND OR WIFE: Mrs. Rosa Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. Rosa Green, Rt#2, Ozark, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver — INTERVAL BETWEEN ONSET AND DEATH: about 18 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) unknown

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: Biopsy proved Cancer 1561
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 17, 1953, *to* May 3, 1953, *that I last saw the deceased alive on* May 1, 1953, *and that death occurred at* 2.2 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. R. Farthing M.D.
23b. ADDRESS: Ozark Mo
23c. DATE SIGNED: 5-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Weaver Cemetery
24d. LOCATION (City, town, or county) (State): Christian, Missouri

DATE REC'D BY LOCAL REG.: May 9-53
REGISTRAR'S SIGNATURE: Emma Jean Hughes 4547
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: T. B. Chaffin. Ozark. Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 6 1968

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.