

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23815**

FILED **AUG 4 - 1953**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **115**

1. PLACE OF DEATH a. COUNTY Andrain		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Andrain	
b. CITY OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 702 S. Olive	
d. FULL NAME OF HOSPITAL OR INSTITUTION Andrain Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Edward c. (Last) Green			4. DATE OF DEATH (Month) (Day) (Year) July 25 - 1953		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 22 1875	9. AGE (In years) (last birthday) 77	10. UNDER 1 YEAR (Months) 2	11. UNDER 1 YEAR (Days) 3	12. UNDER 1 MIN. (Hours) 	13. UNDER 1 MIN. (Mins.)
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) salesman	10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (State or foreign country) Callaway Co., Mo., U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward L. Green	13b. MOTHER'S MAIDEN NAME Susan Moore	14. NAME OF HUSBAND OR WIFE Ella Green
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-07-2036	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Charles E. Green - Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1421
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma of Throat ANTECEDENT CAUSES Carcinoma of R. Parotid Gland Metastasized to lungs. DUE TO Carcinoma of R. Parotid Gland		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION Sep. 1952	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rt. Parotid Gland	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)	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 **Sep. 1, 1952** to **July 24, 1953**, that I last saw the deceased alive on **July 25, 1953** and that death occurred at **3:25 p.m.**, from the causes and on the date, stated above.

23a. SIGNATURE (Do, do, or title) R. W. Van Wyngarden D.D.	23b. ADDRESS Mexico, Mo.	23c. DATE SIGNED 7-25-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 26 1953	24c. NAME OF CEMETERY OR CREMATORY Erwood Cemetery	24d. LOCATION (City, town, or county) (State) Mexico, Mo.
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DATE REC'D BY LOCAL REG. July 25 - 1953	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Christine... Mexico
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

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 _____

Licensed Embalmer No. 30569

P. O. Address Michigan

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.