

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24107

State File No.

FILED JUL 20 1953

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 207

1. PLACE OF DEATH a. CITY <u>CAPE GIRARDEAU.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CAPE GIR.</u>	
b. CITY OR TOWN <u>CAPE GIRARDEAU</u> c. LENGTH OF STAY (in this place) <u>42 YRS</u>		c. CITY OR TOWN <u>CAPE GIRARDEAU</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS Hosp't</u>		e. STREET ADDRESS (If rural, give location) <u>CAPE GIRARDEAU. 0104</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LULU</u>	b. (Middle) <u>M.</u>	c. (Last) <u>GREEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-14-1953</u>
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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>11-5-1872</u>	9. AGE (In years last birthday) <u>80 YRS</u>	If UNDER 1 YEAR Months Days	If UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CAPE GIRARDEAU. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>JOHN DAVIS</u>	13b. MOTHER'S MAIDEN NAME <u>JULIA DAY</u>	14. NAME OF HUSBAND OR WIFE <u>BEN M. GREEN</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELSA FINLEY</u> ADDRESS <u>CAPE GIR. MO</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular disease</u>		<u>10 yrs +</u>
	DUE TO (c) <u>Arteriosclerosis</u>		
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 <u>443X</u>	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) (Min.)	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 Sept 23, 1950 to July 14, 1953, that I last saw the deceased alive on July 15, 1953, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Green M.D.</u> (Degree or title)	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>July 14, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-16-1953</u>	24c. NAME OF CEMETERY OR CRYPTORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU. MO</u>
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DATE REC'D BY LOCAL REG. <u>7-14-53</u>	REGISTRAR'S SIGNATURE <u>C. C. Seaman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walthus Funeral Home Cape Gir</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *William Lee Town*.....

Licensed Embalmer No. *44*.....

P. O. Address *Cape Girardeau*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.