

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

32555

FILED OCT 9 1953 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 257

BIRTH NO. \_\_\_\_\_

0761 0

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

1. PLACE OF DEATH a. COUNTY <i>Demascat</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE <i>Missouri</i> b. COUNTY <i>Demascat</i> )	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Hausti</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Caruthersville</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>0180</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Memorial Hosp</i>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <i>Charlie Junior Green</i>		b. (Middle) _____ c. (Last) _____	
5. SEX <i>M</i>		6. COLOR OR RACE <i>Col</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>8-24-1934</i>	
9. AGE (In years last birthday) <i>19</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <i>Student</i>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <i>Caruthersville Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>Charlie Green</i>		13b. MOTHER'S MAIDEN NAME <i>Edna Conley</i>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <i>Charlie Green</i>		ADDRESS <i>Caruthersville Mo</i>	
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) <i>Gunshot wound in abdomen</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Homicide</i> 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<i>E981X</i>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Homicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Bank Hall</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Caruthersville Demascat Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>9-20-53</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>Shot with 38 caliber revolver</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>John St. German Coroner</i>		23b. ADDRESS <i>Hay E. Mo</i>	
23c. DATE SIGNED <i>9-20-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>9-23-53</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Holly Grove</i>		24d. LOCATION (City, town, or county) (State) <i>Steele Mo</i>	
DATE REC'D BY LOCAL REG. <i>9-28-53</i>		REGISTRAR'S SIGNATURE <i>John St. German</i> ADDRESS <i>4000- Bermon Trust Co. St. Louis Mo</i>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

10-308-53

**PEMBERT COUNTY HEALTH DEPARTMENT**

**COURTHOUSE PHONE 79**

**CARUTHERSVILLE, MO.**

**OCT 8 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *John H. Gorman*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.**