

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **43699**

FILED DEC 22 1953

BIRTH NO. 01996 REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 63

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

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>		
b. CITY OR TOWN <u>VERSAILLES</u>		c. LENGTH OF STAY (in this place) <u>10 hrs</u>	c. CITY OR TOWN <u>RURAL-MOREAU</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi - N - BARNETT</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SUNV-CLINIC</u>			d. STREET ADDRESS (If rural, give location) <u>4 mi - N - BARNETT</u>		
3. NAME OF DECEASED a. (First) <u>LORA</u> b. (Middle) <u>LEE</u> c. (Last) <u>GREEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-10-1953</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10 Dec 53</u>		9. AGE (In years last birthday) <u>-</u> IF UNDER 1 YEAR Months <u>-</u> Days <u>12</u> IF UNDER 12 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (State or foreign country) <u>MORGAN-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William-Green</u>		13b. MOTHER'S MAIDEN NAME <u>FERN-BROWN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W^m GREEN-BARNETT</u> ADDRESS <u>Mo</u>		
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 complications which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>		21d. HOW DID INJURY OCCUR? <u>NONE</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>	
22. I hereby certify that I attended the deceased from <u>Birth 12-10-53</u> <u>12-10, 1953</u> , that I last saw the deceased alive on <u>10 Dec, 1953</u> , and that death occurred at <u>7:30 pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Jack Gunn M.D.</u>			23b. ADDRESS <u>VERSAILLES-MO</u>		23c. DATE SIGNED <u>12 Dec 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12 Dec 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>		24d. LOCATION (City, town, or county) (State) <u>MORGAN-Co-Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 17, 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 214		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>ELDON Mo</u>	

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 Keith M. Faye
Licensed Embalmer No. 3998
P. O. Address Eldon 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.