

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

**45673**

State File No. ....

**FILED JAN 18 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6285 Registrar's No. 1

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Wright</u> <span style="float:right">1140</span> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Mtn Grove, Township</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Mtn Grove, Township</u> <span style="float:right">1140</span> d. STREET ADDRESS (If rural, give location) _____	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>William</u> b. (Middle) <u>H.</u> c. (Last) <u>Green</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec 29, 1953</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Divorced</u>	<b>8. DATE OF BIRTH</b> <u>Jan 10, 1875</u>	<b>9. AGE</b> (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>10</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farmer</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Ohio</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U S</u>

<b>13a. FATHER'S NAME</b> <u>John Green</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Conklin</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Nellie Green</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <u>W W I</u>	<b>16. SOCIAL SECURITY NO.</b> <u>559-36-0053</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Charles S. Green</u> <u>Mtn Grove, Mo</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Sclerosis</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.		INTERVAL BETWEEN ONSET AND DEATH
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE - HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** 7-11-53, to Dec 29, 1953, that I last saw the deceased alive on Dec 29, 1953, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Seldon W. Chamberms</u>	<b>23b. ADDRESS</b> <u>Mtn Grove Mo</u>	<b>23c. DATE SIGNED</b> <u>1-1-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>Jan 2, 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Slater</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Slater, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>1-1-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>A.C. Ames</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Crable-Windle</u>	<b>ADDRESS</b> <u>Mtn Grove Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

WRIGHT CO. HEALTH DEPT.  
County File Number 1574-05  
Date Filed 1-16-04

**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 *Frank Grable*

Licensed Embalmer No. 4140

P. O. Address *20th Ave, S*

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.