

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

State File No. **11178**

No. 300
10.48

FILED APR 21 1954

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5712A** Registrar's No. **217**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Bollinger	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mayfield	a. STATE Mo.	b. COUNTY Bollinger
c. LENGTH OF STAY (in this place) 4 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mayfield - Depot Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mayfield		d. STREET ADDRESS (If rural, give location) 0090	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Eva	b. (Middle) Green	c. (Last) Green	(Month) Mich	(Day) 30	(Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 13, 1889		9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elisha Mayfield	13b. MOTHER'S MAIDEN NAME Sarah Bollinger	14. NAME OF HUSBAND OR WIFE David Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME David Green
(If yes, give war or dates of service)		ADDRESS Mayfield Mo.

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st, 1953, to Kansas, 1954, that I last saw the deceased alive on Kansas, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edwin Crites M.D.	23b. ADDRESS Sedgewickville Mo	23c. DATE SIGNED 4/13/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 1, 1954	24c. NAME OF CEMETERY OR CREMATORY Pulliam Cemetery
24d. LOCATION (City, town, or county) Mayfield Mo.		24e. (State)
DATE REC'D BY LOCAL REG. Apr. 8-54	REGISTRAR'S SIGNATURE Thelma Van Amburgh	25. FUNERAL DIRECTOR'S SIGNATURE J.C. Craiger
		ADDRESS Jackson, Mo.

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

090

APR 21

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 Lene C. Cunniff

Licensed Embalmer No. 4327

P. O. Address Johnson, 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.