

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21976

0030

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

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>ATCHISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FAIRFAX</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOUND City</u> <u>0440</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>FAIRFAX Community Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GENEVIEVE</u> (Middle) <u>EILEEN</u> c. (Last) <u>GREEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 1, 1954</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 20, 1919</u>
9. AGE (In years last birthday) <u>35</u>		UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 Hrs. _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>IN THE HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MOUND City, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CALVIN B. Hunt</u>	
13b. MOTHER'S MAIDEN NAME. <u>EFFIE Williams</u>		14. NAME OF HUSBAND OR WIFE <u>ARTHUR GREEN</u>	
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>500-14-7206</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kenneth Hunt, MOUND City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix</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. <u>Rheumatic Heart Disease</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>171X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>April 1953</u> , to <u>July 1, 1954</u> , that I last saw the deceased alive on <u>July 1, 1954</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Isaac A. Dumas, M.D.</u> (Degree or title)		23b. ADDRESS <u>Oregon, Mo.</u>	23c. DATE SIGNED <u>7-10-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-4-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MOUND City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-14-54</u>	REGISTRAR'S SIGNATURE <u>Marvin J. Schaefer</u>	443 - 0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. <u>James Crawford, MOUND City, Mo.</u>

(Licensee/Embalmers' Statement on Reverse Side)

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

James H. Campbell

Licensed Embalmer No. *4596*

P. O. Address *Mountain City, 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.