

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

State File No. **23732**

No. 300
FILED JUL 29 1954

Registrar's No. **32**

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 5787		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston (Rural)		c. LENGTH OF STAY (in this place) 3 mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston (Rural)		d. STREET ADDRESS (If rural, give location) Route 2, Box 16 A	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. 2, Box 16 A.				d. STREET ADDRESS (If rural, give location) Route 2, Box 16 A			
3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) _____ c. (Last) Green			4. DATE OF DEATH (Month) (Day) (Year) June 28, 1954			0670 0	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH March 23, 1954	
9. AGE (In years last birthday) _____		IF UNDER 1 YEAR Months _____ Days 3		IF UNDER 2 HRS. Hours _____ Min. 5		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Charleston, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME Mattie Mae Gardner		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mattie Mae Green, R. 2, Charleston, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Enteritis & diarrhea 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 9 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 5710				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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 6/26/54 , to 6/28, 1954 that I last saw the deceased alive on 6/28, 1954 , and that death occurred at 1:00 P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. P. Fulton D.O.		23b. ADDRESS W. Wyatt, Mo.		23c. DATE SIGNED 6/30/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 1, 1954		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Mo.	
DATE REC'D BY LOCAL REG. 7-10-54		REGISTRAR'S SIGNATURE Jean Hearned		480-25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks		ADDRESS Charleston, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24 1955

RECEIVED

Miss. Co. Health De

County File No. _____

Date Filed JUL 27 1955

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 Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.

