

FILED AUG 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26980

State File No.

BIRTH NO.		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>64</u>			
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. LENGTH OF STAY (In this place) <u>10 min.</u>		c. CITY OR TOWN <u>Armstrong</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>				STREET ADDRESS (If rural, give location) <u>0450</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>			b. (Middle) <u>Tevis</u>		c. (Last) <u>Greene</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 9, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 13, 1876</u>		9. AGE (In years) (If under 1 year, specify birthday) (If under 12 years, specify Months) (If under 18 hours, specify Hours) (Min.) <u>78</u> <u>4</u> <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Marion Tevis</u>			13b. MOTHER'S MAIDEN NAME <u>Zell Fowler</u>			14. NAME OF HUSBAND OR WIFE <u>Leo K. Greene Sedalia</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leo Greene Jr. 608 N. Prospect 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity 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>1 day</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (Min.)		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>July 1954</u> , to <u>August 9, 1954</u> that I last saw the deceased alive on <u>August 3, 1954</u> and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James D. Dean M.D.</u>					23b. ADDRESS <u>Fayette, Mo</u>		23c. DATE SIGNED <u>8-14-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/11/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette, Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-14-54</u>		REGISTRAR'S SIGNATURE <u>Mary R. Shell</u>		25. EMERAL DIRECTOR'S SIGNATURE <u>43 Ralph A. Carr</u>		ADDRESS <u>Fayette, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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, ~~on~~ by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Ralph A. Carr*

Licensed Embalmer No. *33*

P. O. Address *Fayette*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.