

FILED OCT 18 1954

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY OR TOWN <u>Aurora</u>	c. LENGTH OF STAY (in this place) <u>5 Minutes</u>	c. CITY OR TOWN <u>"Rural" Hurley</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Automobile</u> <u>200 Block So. Elliott</u>		e. STREET ADDRESS (If rural, give location) <u>Route #1, Billings</u> <u>1040</u>	
3. NAME OF DECEASED (Type or Print) <u>DEWEY ADMIRAL GREENE</u>		4. DATE OF DEATH <u>Oct. 6-1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 26-1898</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman & Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Polk County, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>William J. Greene</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruby Langford, Greene</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>429-46-7218</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby Greene, Rt. 1, Billings, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Coronary Thrombosis</u> DUE TO (c) <u>3 Days</u> 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	
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>1954 to Oct. 6, 1954</u> , that I last saw the deceased alive on <u>1954</u> , and that death occurred at <u>1:55 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>G. P. Kappitt</u>		23b. ADDRESS <u>M. O. 9 Aurora, Mo.</u>	
23c. DATE SIGNED <u>10-8-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-9-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wright Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Stone County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Alan Harris</u>	
DATE REC'D BY LOCAL REG. <u>10-8-1954</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u> ADDRESS <u>Clever, Mo.</u>	

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

2551
3

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.....
Signature of Student Embalmer

Signed.....
John Harris

Licensed Embalmer No..... *4390*

P. O. Address..... *Cleves, Va*

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.