

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11037

State File No. \_\_\_\_\_  
Registrar's No. 402

FILED APR 25 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY OR TOWN St. Joseph		c. CITY OR TOWN Guilford	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
c. LENGTH OF STAY (in this place) 17 days		f. STREET ADDRESS (If rural, give location) 0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkview at Sunnyslope 3225 So. 11th St.			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) H. c. (Last) Green			4. DATE OF DEATH (Month) (Day) (Year) April 10, 1955		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH January 14, 1873		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Galesburg, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Henry J. Green		13b. MOTHER'S MAIDEN NAME Mary Minor		14. NAME OF HUSBAND OR WIFE Margaret	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Green, 3225 S. 11th, St. Joseph, Mo		ADDRESS	
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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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerosis</i> ANTECEDENT CAUSES <i>Heart Disease &amp; Decompensation</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Arteriosclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>Prior 4-7-55</i> - 4-7-55	
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 <i>4200</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 April 7, 1955, to April 10, 1955, that I last saw the deceased alive on April 7, 1955, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or Title) <i>Cepton Smith MD</i>		23b. ADDRESS 218 N. 7th St - St Joseph, Mo		23c. DATE SIGNED 4-11-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 4/10/1955	24c. NAME OF CEMETERY OR CREMATORY S.C.	24d. LOCATION (City, town, or county) (State) Stanberry, Missouri		
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DATE REC'D BY LOCAL REG. April 20, 1955	REGISTRAR'S SIGNATURE <i>Ethel M. Allison</i> 485-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Heaton-Bowman St Joseph, Mo</i>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Rev. W. J. Brown*

**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..... *Eugene Wood*

Licensed Embalmer No. *3807*

P. O. Address *319 So 10th, Ft*

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.