

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16095

| | | | | | | | | |
|--|---|--|---|--|---|--|--|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 241 | | PRIMARY REG. DIST. NO. 5829 | | Registrar's No. 8 | | |
| 1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>New Madrid</u> | | c. LENGTH OF STAY (In this place) — | | c. CITY OR TOWN <u>Jay Wye</u> | | d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jay Wye, Mo.</u> | | | | STREET ADDRESS (If rural, give location) <u>Rural _____ New Madrid Co.</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRISTEEN</u> | | | b. (Middle) <u>NINA</u> | | c. (Last) <u>GREEN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 11, 1955</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>Dec. 25, 1911</u> | | 9. AGE (In years last birthday) <u>43</u> | IF UNDER 1 YEAR Months _____ Days _____ | |
| IF UNDER 24 HRS. Hours _____ Min. _____ | 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>Housewife</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Charley Stortz</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ella Sullivan</u> | | 14. NAME OF HUSBAND OR WIFE <u>Louis Green, Jay Wye, Mo.</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>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis Green, Jay Wye, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acephaly</u> | | | | DUPLICATE | | | | |
| ANTECEDENT CAUSES | | | | DUPLICATE | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) <u>Hypertension</u> | | | | |
| | | | | DUE TO (c) <u>Kidney infection</u> | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | DUPLICATE | | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>0002</u> | | | | | | |
| 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) | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 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>March, 1955</u> , to <u>Saw patient out times</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>March, 1955</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>E. C. Motter 2 DO.</u> | | | | 23b. ADDRESS <u>Advocate Mo.</u> | | 23c. DATE SIGNED <u>May 19 1955</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>5/13/55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Belle Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bollinger Co., Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>5/10/55</u> | | REGISTRAR'S SIGNATURE <u>Ellen De Lisle</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Meyer, Advocate, Mo.</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Willie H. Morgan*.....

Licensed Embalmer No. *464*.....

P. O. Address *Advance*.....

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.