

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8318**

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>4091</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Wyoming</u> b. COUNTY <u>Natrona</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Camdenton</u>		c. LENGTH OF STAY (in this place) <u>3 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Casper</u>		d. STREET ADDRESS (If rural, give location) <u>649<sup>th</sup></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u>			b. (Middle)		c. (Last) <u>Greene</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 1956</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>Oct 22 1867</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>5</u> 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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Edinburgh, Scotland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James Deegan</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fraser</u>		14. NAME OF HUSBAND OR WIFE <u>W.H. Greene</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>9</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Isabella Nelson, Camdenton, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypostatic pneumonia</u> DUE TO (c) <u>Massive cerebral hemorrhage</u>  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>48 hrs.</u> <u>60 hrs.</u> <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>March 21, 1956</u> , to <u>March 26, 1956</u> , that I last saw the deceased alive on <u>March 23, 1956</u> , and that death occurred at <u>3:30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dale Atkinson</u>				23b. ADDRESS <u>Camdenton, Mo.</u>		23c. DATE SIGNED <u>Mar. 27-1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>March 26, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 27-1956</u>		REGISTRAR'S SIGNATURE <u>Zilpha Draw</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Banckon-Woolley, Camdenton, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

420

**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

*Robert H Reed*

Licensed Embalmer No. 3745

P. O. Address Camdenton 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.