.300
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FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9946

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 43.66 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granby
c. LENGTH OF STAY (in this place): Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN: Granby
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0120

3. NAME OF DECEASED (Type or Print)
a. (First): Herman
b. (Middle): James
c. (Last): Green

4. DATE OF DEATH (Month) (Day) (Year): 3-18-56

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-21-1905
9. AGE (In years last birthday): 50 — 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): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (City and State or Foreign Country): Granby, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: H. Otis Green
13b. MOTHER'S MAIDEN NAME: Janie Wiseley
14. NAME OF HUSBAND OR WIFE: Mrs. Velda Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Velda Green
ADDRESS: Granby, Mo.

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): Myocarditis, subacute — INTERVAL BETWEEN ONSET AND DEATH: 5 mo.

ANTECEDENT CAUSES
Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 431x
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1955, *to* 3-18, 1956, *that I last saw the deceased alive on* Mar 12, 1956, *and that death occurred at* 1:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold C. Lentz M.D. (Degree or title)
23b. ADDRESS: Neosho Mo.
23c. DATE SIGNED: 3-22-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-21-56
24c. NAME OF CEMETERY OR CREMATORY: Granby Memorial Cem.
24d. LOCATION (City, town, or county) (State): Granby, Mo.

DATE REC'D BY LOCAL REG.: Mar. 24, 56
REGISTRAR'S SIGNATURE: M. F. Young
25. FUNERAL DIRECTOR'S SIGNATURE: Floyd E. Desmond
ADDRESS: Granby, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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NEWTON COUNTY HEALTH UNIT
NEOSHO, MISSOURI
APR 25 1958
JUL 19 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Floyd E. Shewmake Jr.

Licensed Embalmer No. 49

P.O. Address Box 58 Granby,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.