

FILED MAY 9 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12612

State File No.

BIRTH NO. REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5210 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Carroll

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Carroll

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RFD Tina, c. LENGTH OF STAY (In this place)
c. CITY OR TOWN Tina, d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Home N.W. Tina.
e. STREET ADDRESS (If rural, give location) 6 M. North West (Stokes mound)

3. NAME OF DECEASED (Type or Print)
a. (First) LULA b. (Middle) MAE c. (Last) GREEN 4. DATE OF DEATH (Month) (Day) (Year) April 27, 1956

5. SEX F 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH March 26, 1896 9. AGE (In years last birthday) 60 if UNDER 1 YEAR Months 1 if UNDER 24 HRS. Days 1 Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Carroll County, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James H. Suddith 13b. MOTHER'S MAIDEN NAME Lydia B. Marquel 14. NAME OF HUSBAND OR WIFE Vernon K. Green,

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

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cecum
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
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 4-12-56 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Cecum. 15.3x 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) 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 Apr 18 1956 to 4-25-1956 that I last saw the deceased alive on 2-25-1956, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Amerson, M.D. (Degree or title) 23b. ADDRESS Chillicothe, Mo. 23c. DATE SIGNED 4/30/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4/30/1956 24c. NAME OF CEMETERY OR CREMATORY Coloma cemetery 24d. LOCATION (City, town, or county) (State) Tina, Missouri

DATE REC'D BY LOCAL REG. 4-30-1956 REGISTRAR'S SIGNATURE Mrs Rex Henderson 25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Austin, Tina, Mo. ADDRESS

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.....

Clifford W. Fester
Licensed Embalmer No. 323

P. O. Address Tina, Misso

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.