

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19866

State File No. ....

FILED JUN 18 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5-214 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Mo</u> COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson Twp</u>		c. LENGTH OF STAY (In this place) <u>Transient</u>	c. CITY OR TOWN <u>Kennett</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 Mile East of Ellisnore</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ira</u> b. (Middle) <u>Henry</u> c. (Last) <u>Green</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 31-1956</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (See title) <u>Married</u>	8. DATE OF BIRTH <u>Sept 20-1888</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>67</u>	10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farm Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Jack Green</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Childs</u>	14. NAME OF HUSBAND OR WIFE <u>Effie Green</u>
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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 <u>Effie Green</u>	ADDRESS <u>Kennett Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decapitated</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto rolled over</u> DUE TO (c) <u>body severing head</u>		INTERVAL BETWEEN ONSET AND DEATH
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hy 60 Mile East of Ellisnore</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Twp Carter Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 31 1956 5:20</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
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22. I hereby certify that I attended the deceased from John Green, 1956, that I last saw the deceased alive on May 31, 1956, and that death occurred at Kennett Mo., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>Colman M. Henson</u>	23b. ADDRESS <u>120 Broadway St</u>	23c. DATE SIGNED <u>6-10-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-4-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK Ridge Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 12-56</u>	REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lutz Service</u>	ADDRESS <u>Kennett Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

NOV 26 1956

VS OCT 28 1956

**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.....  
*Allen C. [Signature]*

Licensed Embalmer No. 455

P. O. Address.....  
*The [Signature]*

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.