0.300
0.48

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

FILED DEC 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40850

State File No.

BIRTH NO. REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4091 Registrar's No. 47

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

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

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

4. DATE OF DEATH (Month) (Day) (Year): Dec 13 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 11 1877
9. AGE (In years at last birthday): 79 — IF UNDER 1 YEAR: Months 8, Days 2 — IF UNDER 24 HRS.: Hours, 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): Star Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Samuel Rice
13b. MOTHER'S MAIDEN NAME: Tishey Fultz
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Lawrence Murphy — **ADDRESS**: Van Buren 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Hr.

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:
20. AUTOPSY? YES [ ] NO [X]

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* Dead on Arrival, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 6:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coleman McFadden Coroner
23b. ADDRESS: Van Buren, Mo.
23c. DATE SIGNED: 12/14/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-16-56
24c. NAME OF CEMETERY OR CREMATORY: Fremont Cemetery
24d. LOCATION (City, town, or county) (State): Fremont, Mo.

DATE REC'D BY LOCAL REG.: Dec. 17-56
REGISTRAR'S SIGNATURE: Mrs Octa Henson
25. FUNERAL DIRECTOR'S SIGNATURE: Coleman McFadden — **ADDRESS**: Van Buren, Mo.

(Licensed Embalmer's Statement on Reverse Side)

50.00

RECEIVED

DEC 20 1956

CARTER COUNTY
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Allen C. McGrosden

Licensed Embalmer No. 454

P. O. Address Van Buren

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