No. 300
10-48

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

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44531

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6211 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Roubidoux 1
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jackson
d. STREET ADDRESS (If rural, give location): 10 10

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

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

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Aug. 26, 1873
9. AGE (In years last birthday): 83 — If under 1 year: Months 3, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Overton County, Tenn.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Leander Green
13b. MOTHER'S MAIDEN NAME: Nancy Hammock
14. NAME OF HUSBAND OR WIFE: Mattie

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.: 500-09-8028
17. INFORMANT'S SIGNATURE OR NAME: Mildred Elmore — **ADDRESS**: Roby, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Severe Infirmities of old age
DUE TO (c) Multiple & Severe

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: 331X
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) a. 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* May 13, 1952, *to* Dec 12, 1956, *that I last saw the deceased alive on* Dec 12, 1956 *and that death occurred at* 8:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: J. J. Burns
(Degree or title): M.D.
23b. ADDRESS: Houston, Mo
23c. DATE SIGNED: 12/15/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-17-56
24c. NAME OF CEMETERY OR CREMATORY: Allen
24d. LOCATION (City, town, or county) (State): Texas County, Mo.

DATE REC'D BY LOCAL REG.: Dec. 15-56
REGISTRAR'S SIGNATURE: Myrtle Craig
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Elliott Funeral Home - Houston, Mo

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.