

Health,  
Welfare  
Public  
Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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FILED NOV 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34717

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fairfax</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Fairfax</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Comm. Hospital</b>		Length of stay in 1b <b>2 1/2 days</b>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>GEORGE GREEN</b>			First	Middle	Last
4. DATE OF DEATH <b>Nov. 7 1957</b>			Month	Day	Year
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 29, 1882</b>		9. AGE (In years last birthday) <b>75</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>	11. BIRTHPLACE (City and state or country) <b>Atchison County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Solomon R. Green</b>			14. MOTHER'S MAIDEN NAME <b>Nancy Melvina Wright</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No *****</b>		16. SOCIAL SECURITY NO. <b>495-07-0057</b>	17. INFORMANT <b>Mrs. Letah K. Green Fairfax Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)
					DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY. <b>Hour Month, Day, Year</b> <b>12 a.m. p.m.</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY
					STATE
21. I attended the deceased from <b>Nov 5, 1957</b> to <b>Nov 7, 1957</b> and last saw <del>her</del> <b>him</b> alive on <b>Nov 7, 1957</b> Death occurred at <b>6:20 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Edward E. Bare MD</b>		(Degree or title)		22b. ADDRESS <b>Tar Kio Mo</b>	22c. DATE SIGNED <b>11/8/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>II/II/57</b>	23c. NAME OF CEMETERY OR BURIAL PLACE <b>Pleasant Ridge</b>		23d. LOCATION (City, town, or county) (State) <b>Fairfax Mo.</b>	
24. FUNERAL DIRECTOR <b>Schooler Funeral Home</b>		ADDRESS <b>Fairfax Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Nov 8, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Thermin H. Schooler</b>	

(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.....  
Signature of Student Embalmer

Signed *Thermin H. Schaefer*

Licensed Embalmer No. *416*

P. O. Address *Fairfax*

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