

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36632

FILED NOV 1 1957

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 422

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR HANNIBAL TOWN		c. CITY OR TOWN MONROE CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LEVERING HOSPITAL		d. STREET ADDRESS (If outside, give location) 811 North MAIN	
3. NAME OF DECEASED (Type or print) First NODE Middle GREEN Last GREEN		4. DATE OF DEATH Month OCTOBER Day 25 Year 1957	
5. SEX C MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 18, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REAL ESTATE AGENT		10b. KIND OF BUSINESS OR INDUSTRY OWN BISSINES	11. BIRTHPLACE (City and state or country) MONROE COUNTY, MO
13a. FATHER'S NAME GEORGE T. GREEN		13b. MOTHER'S MAIDEN NAME ELINORA COMBS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 486-38-6703	17. INFORMANT Address Mary C. Green Monroe City, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident Cerebral thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized Arteriosclerosis Stricture of urethra DUE TO (c) Upper respiratory respiratory infection			INTERVAL BETWEEN ONSET AND DEATH 332X
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? 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 Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 19 October 1957 to 25 October 1957 and last saw him alive on Oct 25, 1957		Death occurred at 9:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS Hannibal Mo.	
22c. DATE SIGNED Oct 28, 1957			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-28, 1957	
23c. NAME OF CEMETERY OR CREMATORY St JUDES CEMETERY		23d. LOCATION (City, town, or county) (State) MONROE CITY, MISSOURI	
24. FUNERAL DIRECTOR Wilson & Sons Monroe City, Mo		25. DATE RECD. BY LOCAL REG. 10/28/57	
26. REGISTRAR'S SIGNATURE Edmund Luke By St. C. Fisher			

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(Licensed Embalmer's Statement on Reverse Side)

