

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41255

State File No.

FILED NOV 18 1957

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 43 Registrar's No. 51

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| 1. PLACE OF DEATH a. COUNTY <u>NEWTON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u> | |
| c. LENGTH OF STAY (in this place) <u>lifetime</u> | | d. STREET ADDRESS (If rural, give location) <u>720 E. South St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GRANBY Twp.</u> | | | |

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|--|-------------------------|--------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JAMES</u> | b. (Middle) <u>David</u> | c. (Last) <u>Green</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-1957</u> |
|--|-------------------------|--------------------------|------------------------|---|

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|--------------------|------------------------------|--|---|--|--|--|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 17, 1899</u> | 9. AGE (In years last birthday) <u>58</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|------------------------------|--|---|--|--|--|

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|---|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY <u>Road District</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Goodman, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>William B. Green.</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Mitchell</u> | 14. NAME OF HUSBAND OR WIFE <u>Grace Jennings 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> <u>NONE</u> | 16. SOCIAL SECURITY NO. <u>486-24-5794</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Green</u> | ADDRESS <u>NEOSHO, 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u> | | |
| | 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. | | 9252 | |

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| 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>None</u> | 21c. (CITY, TOWN, OR TOWNSHIP) OF _____ (COUNTY) _____ (STATE) _____ <u>Newton Missouri</u> |
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|--|---|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-25-57 2:45 P.M.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Caught in gravel slide</u> |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

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|---|-------------------------------------|-----------------------------------|-------------------------------------|
| 23a. SIGNATURE <u>Robert Thompson Jr</u> | (Degree or title) <u>Coroner</u> | 23b. ADDRESS <u>Neosho, Mo</u> | 23c. DATE SIGNED <u>10-28-57</u> |
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|--|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>10-28-1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u> | 24d. LOCATION (City, town, or county) (State) <u>NEOSHO MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>Nov. 1, 1957</u> | REGISTRAR'S SIGNATURE <u>M. R. Young</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Thompson Jr</u> | ADDRESS <u>Neosho Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Sanitary Health Officer No. *Newton*

Sanitary File Number *1157-249*

Date Filed **NOV 12 1957**

NOV 19 1957

FEB 21 1958

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 *Charles A. [Signature]*

Licensed Embalmer No. *486*

P. O. Address *Newton Mass*

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.