

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1118

State File No. ....

FILED JAN 27 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5550 Registrar's No. 4

|   |  |  |                              |
|---|--|--|------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Howell</u>                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> |                              |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Moody</u> |  | c. LENGTH OF STAY (In this place) <u>Life</u>  | c. CITY OR TOWN <u>Moody</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION                                       |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>       |                              |
| d. FULL NAME OF HOSPITAL OR INSTITUTION                                       |  | e. STREET ADDRESS (If rural, give location) <u>04600</u>   |                              |

|   |                         |                        |   |
|---|-------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>DORA</u> | b. (Middle) <u>BELL</u> | c. (Last) <u>GREEN</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Jan. 12, 1958</u> |
|---|-------------------------|------------------------|---|

|                      |                               |   |                                       |   |                                     |                                  |                                    |                                   |
|----------------------|-------------------------------|---|---------------------------------------|---|-------------------------------------|----------------------------------|------------------------------------|-----------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>March 9, 1891</u> | 9. AGE (In years last birthday) <u>66</u> | 10. UNDER 1 YEAR (Months) <u>10</u> | 11. UNDER 2 HRS. (Days) <u>3</u> | 12. UNDER 2 HRS. (Hours) <u>12</u> | 13. UNDER 2 HRS. (Mins.) <u>0</u> |
|----------------------|-------------------------------|---|---------------------------------------|---|-------------------------------------|----------------------------------|------------------------------------|-----------------------------------|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Moody, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|---|---|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <u>Dave McElmurry</u> | 13b. MOTHER'S MAIDEN NAME <u>Rhachel stone</u> | 14. NAME OF HUSBAND OR WIFE <u>Homer Green</u> |
|--|--|--|

|  |                                     |  |                                |
|--|-------------------------------------|--|--------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Homer Green</u> | ADDRESS <u>Moody, Missouri</u> |
|--|-------------------------------------|--|--------------------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>four hours</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Failure</u>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chronic Myocarditis</u> <u>yes</u><br>DUE TO (c) <u>Arterial Hypertension</u> <u>yes</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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? <u>2</u><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 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) <u>443X</u> (COUNTY) (STATE) |
|--|--|---|

|   |  |                            |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from 6-15, 1957 to 1-12, 1958, that I last saw the deceased alive on 1-10, 1958, and that death occurred at 12:20 PM, from the causes and on the date stated above.

|   |                                    |                                 |
|---|------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>J. J. Stall</u> (Degree or title) | 23b. ADDRESS <u>West Plains Mo</u> | 23c. DATE SIGNED <u>1-16-58</u> |
|---|------------------------------------|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1/13/58</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Moody Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Moody, Missouri</u> |
|---|--------------------------|--|--|

|   |  |  |                           |
|---|--|--|---------------------------|
| DATE REC'D BY LOCAL REG. <u>1-23-58</u> | REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Cartter Funeral Home</u> | ADDRESS <u>Salem, Ark</u> |
|---|--|--|---------------------------|

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

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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..... *Edward Carter*

Licensed Embalmer No. 451

P. O. Address..... *Haynes,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.