No. 300
10.48

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-007276

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1506

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 16 Mo BAPTIST HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN: GRUBVILLE
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 29 Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Lucy
b. (Middle): MELVINA
c. (Last): GREEN

4. DATE OF DEATH (Month) 2 (Day) 8 (Year) 58

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 8-1866
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Wilson
13b. MOTHER'S MAIDEN NAME: Mary Frost
14. NAME OF HUSBAND OR WIFE: Elasco B. Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Robert Green Eureka Mo R R #1 — ADDRESS

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, asthenia, etc. It means the disease, injury or complication which causes death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Terminal bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Congestive heart failure — 3 weeks
DUE TO (c): 434.1F

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Intertrochanteric fracture rt. femur — Jan 22 '58

19a. DATE OF OPERATION: Jan 23 '58
19b. MAJOR FINDINGS OF OPERATION: Fractures as above
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): 31
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bapt. Home for Aged
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ironton Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 22 '58 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell in Nursing Home

22. *I hereby certify that I attended the deceased from* 1-22, 1958, *to* 2-8, 1958, *that I last saw the deceased alive on* 2-8, 1958 *and that death occurred at* 5 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L T Ford MD
23b. ADDRESS: St Louis Mo
23c. DATE SIGNED: Feb 8 '58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/10/1958
24c. NAME OF CEMETERY OR CREMATORY: GRUBVILLE CEM.
24d. LOCATION (City, town, or county) (State): GRUBVILLE Mo

DATE REC'D BY LOCAL REG.: FEB 10 '58
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. M.J.B.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Brummer Funeral Home House Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed V E Morris

Licensed Embalmer No. 336

P. O. Address St Louis

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