No. 300
-10.48

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

FILED MAR 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-010596

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4292 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY: LINCOLN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WINFIELD
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LINCOLN 0570
c. CITY OR TOWN: WINFIELD
d. Is Residence within limits of a city or incorporated town? Yes X No ☐ 0
e. STREET ADDRESS (If rural, give location):

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

4. DATE OF DEATH (Month) (Day) (Year): MAR. 4, 1958

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: AUG. 31, 1881
9. AGE (In years last birthday): 76
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): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and State or Foreign Country): RFD - FOLEY, MO 0
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: GEORGE BLAKEY
13b. MOTHER'S MAIDEN NAME: LOUELLA BROYLES
14. NAME OF HUSBAND OR WIFE: OTIS GREEN - dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MILDRED GREEN - WINFIELD, MO.

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 caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia from Gangrene of Right Leg — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Thrombosis of Popliteal Artery — 10 "

DUE TO (c) Cardio-Vascular-Renal Disease — Indefinite

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Cirrhosis of Liver and Chronic Cholecystitis — Indefinite

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 8, 1953, *to* Mar. 4, 1958, *that I last saw the deceased alive on* March 4, 1958, *and that death occurred at* 9:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank L. Sutton (Degree or title): D.O.
23b. ADDRESS: Winfield, Mo.
23c. DATE SIGNED: 3/6/58

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR. 6, 1958
24c. NAME OF CEMETERY OR CREMATORY: WINFIELD Baptist
24d. LOCATION (City, town, or county) (State): WINFIELD, MO.

DATE REC'D BY LOCAL REG.: 3-14-58
REGISTRAR'S SIGNATURE: Nell G. Schrenkein
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: O'Garlon Ricks - Elsberry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 23 1958

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 .....

Licensed Embalmer No. 401

P. O. Address Elsberry

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.