

SL-15925 FILED MAR 27 1958
SC-18 898 239

STANDARD CERTIFICATE OF DEATH

58-011684
STATE FILE NUMBER 3342

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

300
-57

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY Los Angeles | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Long Beach Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 35 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE. | | Length of stay in 1b 42 DAYS | 33 d. STREET ADDRESS (If outside, give location) 1906 Anaheim Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) LEE R. GREEN | | | 4. DATE OF DEATH Month Day Year 3/21/58 | | |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 7/24/12 | 9. AGE (In years last birthday) 45 | F UNDER 1 YEAR Months Days Hours Min. | 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) UPHOLSTER | 10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN | 11. BIRTHPLACE (City and state or country) CENTRALIA, MISSOURI | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME JOE E. GREEN | 13b. MOTHER'S MAIDEN NAME DAISY ROBINSON | 14. NAME OF HUSBAND OR WIFE DIVORCED |
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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) YES WW-II | 16. SOCIAL SECURITY NO. 49 5121118 | 17. INFORMANT Address VAH, 915 NO. GRAND AVE., ST. LOUIS, MO. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of liver | | INTERVAL BETWEEN ONSET AND DEATH years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 581.0 | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple ulcerations of stomach | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) / |
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| 20c. TIME OF INJURY Hour Month, Day, Year 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 |
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| 21. I attended the deceased from 2/7/58 to 3/21/58 and last saw him ^{XXX} live on 3/21/58 Death occurred at 1:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) Morton G. Waterman, D.M.A. | 22b. ADDRESS VAH, ST. LOUIS, MO. | 22c. DATE SIGNED 3/21/58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3-21-58 | 23c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery | 23d. LOCATION (City, town, or county) (State) Centralia, Missouri. |
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| 24. FUNERAL DIRECTOR Meador Funeral Home, Centralia, Missouri. | ADDRESS | 25. DATE RECD. BY LOCAL REG. MAR 22 58 | 26. REGISTRAR'S SIGNATURE J Earl Smith Md |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Edmo R. Caldwell*

Licensed Embalmer No. *4077*
P. O. Address *St. Louis*

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.