URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 15 1960

-60-027654

STATE FILE NUMBER

ENDED

Registration District No. 209 Primary Registration District No. _____ Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Union
Length of stay in 1b: ----
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Ebenezer Neighborhood
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Marion
c. CITY OR TOWN: Philadelphia
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Town Limits
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Martha Frances Green
4. DATE OF DEATH Month Day Year: August 7, 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/16/1872
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months 7 Days 21
IF UNDER 24 HR: 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 country): LaGrange Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Jonathan Cramner
13b. MOTHER'S MAIDEN NAME: Minnie Bringer
14. NAME OF HUSBAND OR WIFE: John E. Green
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 Address: Mrs Elmer Jackson, PhiladelphiaMo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypostatic Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Essential hypertension
DUE TO (c): Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 15, to Aug 7 1960 and last saw her/him alive on Aug 6 1960
Death occurred at 120 A.M. m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): A. W. Moreland DO
22b. ADDRESS: Shelbyville, Mo
22c. DATE SIGNED: 8-9-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/9/1960
23c. NAME OF CEMETERY OR CREMATORY: Ebenezer Cemetery
23d. LOCATION (City, town, or county) (State): Emden, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Harold V. Garner Monroe City Mo.
25. DATE RECD. BY LOCAL REG.: 8-11-60
26. REGISTRAR'S SIGNATURE: Dr. E. M. Luke By Viola Pier, Deputy

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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