

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-037689

FILED VS. OCT 24 1960

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Primary Registration District No. 3010

Registrar's No. 412

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Length of stay in 1b <u>15 min.</u>	c. CITY OR TOWN <u>Patton Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Southeast Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3 miles southeast of Patton</u>	
3. NAME OF DECEASED (Type or print) First <u>Vernon</u> Middle <u>Elbert</u> Last <u>Green</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>10</u> Year <u>1960</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 4-1912</u>	9. AGE (last birthday) <u>48 yr.</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pottery Plant</u>	11. BIRTHPLACE (City and state or country) <u>near Patton Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>E.E. Green</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie Slinkard</u>		14. NAME OF HUSBAND OR WIFE <u>Mary 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>491-30-0393</u>	17. INFORMANT Address <u>Mary Green Patton Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock and hemorrhage</u> DUE TO (b) <u>Crushing injury to left leg</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hr.</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Left leg ground off in pug-mill.</u>			
20c. TIME OF INJURY Hour <u>10</u> a.m. Month, Day, Year <u>10-10-60</u>					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Pottery Plant</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Jackson Cape Girardeau Co., Mo.</u>		
21. I attended the deceased from <u>10-10-60</u> to <u>10-10-60</u> and last saw him alive on <u>10-10-60</u>		Death occurred at <u>9:15</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. H. Jaeger MD</u> (Degree or title)		22b. ADDRESS <u>Jackson, Mo</u>		22c. DATE SIGNED <u>10-12-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Oct. 12-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Patton Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Patton Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Donette-Laird Jackson Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-22-60</u>	26. REGISTRAR'S SIGNATURE <u>Lynn Kasten</u>		

DOCUMENT

MEDICAL CERTIFICATION

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 _____

Signature of Student Embalmer

Signed

R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, N.

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.