SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020958
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 542B

FILED JUN 26 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center Twsp — Length of stay in 1b: 6 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maples Nursing Home — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 4 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FLORA Middle BELLE Last GREEN
4. DATE OF DEATH: Month May Day 29 Year 1961
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Aug 6, 1878
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months, Days — 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: Own Home
11. BIRTHPLACE (City and state or country): Jonesburg, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Eugene Bordeaux
13b. MOTHER'S MAIDEN NAME: Martha Kelly
14. NAME OF HUSBAND OR WIFE: --
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: Mrs K. C. Richman, Springfield, Mo. Address

INSTEAD OF

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) Senility — INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Cachexia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) atherosclerosis, generalized — yrs.
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 October 25, 1954 to March 28, 1961 and last saw her alive on March 28, 1961
Death occurred at 2:36 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kenneth E. Grubb, M.D. (Degree or title)
22b. ADDRESS 1630 N. Jefferson
22c. DATE SIGNED June 14, 1961 (State)

SHOULD READ

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: May 29, 1961
23c. NAME OF CEMETERY OR CREMATORY: unknown
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS: Jewell E. Windle, Springfield, Mo.
25. DATE RECD. BY LOCAL REG.: 6-19-61
26. REGISTRAR'S SIGNATURE: Effie L Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS JUN 26 1961

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_____ Signed Bernard F. Wright
Signature of Student Embalmer

Licensed Embalmer No. 4293

P. O. Address Springfield

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