

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029357

STATE FILE NUMBER

Registration District No. 354 Primary Registration District No. 5867 Registrar's No. 48

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 7 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Oregon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Thayer | | Length of stay in 1b 18 years | c. CITY OR TOWN Thayer |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home near Thayer | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) Albert Charley Green Sr. | | | 4. DATE OF DEATH Month July Day 30 Year 1963 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8/29/1887 |
| 9. AGE (last birthday) 75 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason | 11. BIRTHPLACE (City and state or country) Iona, Michigan |
| 12. CITIZEN OF WHAT COUNTRY U S A | | 13. NAME OF HUSBAND OR WIFE Ola Ryan Green | |
| 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No | | 15. SOCIAL SECURITY NO. [REDACTED] | 16. INFORMANT Address Ola Green Thayer, Missouri |
| 17. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 36 h | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension Heart Disease | | w yr | |
| DUE TO (c) Arteriosclerosis Aneurysm | | | |
| 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 |
| 18. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 19. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 21. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Month, Day, Year | | |
| 22. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 23. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.) | 24. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 25. I attended the deceased from July 19 1963 to July 30 1963 her alive on July 19 1963 | | Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 26. SIGNATURE (Degree or title) [Signature] | | 27. ADDRESS Thayer, Mo. | 28. DATE SIGNED 8-1-63 |
| 29. BURIAL, CREMATION, REMOVAL (Specify) Burial | 30. DATE 8/2/1963 | 31. NAME OF CEMETERY OR CREMATORY Thayer Cemetery | 32. LOCATION (City, town, or county) (State) Thayer, Missouri |
| 33. FUNERAL DIRECTOR Carter Funeral Home Thayer, Mo. | | 34. DATE RECD. BY LOCAL REG. 8-1-63 | 35. REGISTRAR'S SIGNATURE [Signature] |

USE BLACK INK OR TYPEWRITER RIBBON

OCT 22 1963

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 Jerry Cravens
Licensed Embalmer No. 5050

P. O. Address Payson

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.

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Permit obtained 8-1-63 PPS