

FILED FEB 5 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER
69-003458

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 31DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1		Sam	Lemuel	Green	Male	January 26, 1969	
RACE (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4 White		5a 75	5b MOS. DAYS	5c HOURS MIN.	November 29, 1893		7a St. Francois
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
10b Farmington, rural		7c No		7d Mineral Area Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8 Missouri		9 USA		10 Widowed		11	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12 489-01-8454		13a Laborer		13b			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14 Missouri		14b St. Francois	14c Farmington		14d NO	14e Route #2	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15 Hardy				Green	16 Eliza Keene		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a Maude Green				17b Farmington, Rt. 2, Missouri 63640			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18		(a) Myocardial Failure				Sudden	
DUE TO, OR AS A CONSEQUENCE OF:		(b) Metastatic Carcinoma of Lungs				Unknown	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c) Carcinoma of Pharynx				Approx. 1 yr.	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
TUR done 14 days previously					19a No		19b
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a		20b		20c	20d		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e		20f		20g			
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a I ATTENDED THE DECEASED FROM		Jan. 3, 1969		21b Jan. 26, 1969		21c 1-25-69	
AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO (GIVE CAUSE(S) STATED.)			
21d No		21e 9:20 A		21f			
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.							
22a		22b		22c		22d	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		OFFICE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a L. M. Stanfield, D.O.		23b <i>L. M. Stanfield</i>		23c		23d 1/28/69	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE AND ZIP	
23a 4 E. Harrison		23b Farmington, Mo.		23c		23d 63640	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a Removal		24b Memorial Park Cemetery		24c St. Louis, Mo.		24d	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24a Jan. 29, 1969		24b White-Mullen Mortuary Ferguson, Mo.					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR'S SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a <i>Conrad</i>		25b <i>Cathur Matthews</i>		25c Jan 28, 1969			

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 0

10a. 75

10b. 02

11. 0

12. 2

13. 149X

14. 4

15. 4

16. 0940

17. 2

18. 2

19. CREDITS

20. 1-0

4. 09405. 026. 0940

FEB 7 1969
FEB 12 1969

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 Buel Buzal

Licensed Embalmer No. 4120

P. O. Address Farmington New

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.