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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 5 1949

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39291

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Purves Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Rural  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_  
(If rural, give location) 0

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Patricia Ann Greek

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 14 1948  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3  
year 1948 hour 3 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov. 27 1948 to Dec. 3 1948  
that I last saw her alive on Dec. 3 1948  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>9</u>	<u>19</u>	hr. _____ min.

Immediate cause of death Acute Bacillary Dysentery 10 days

Duration \_\_\_\_\_

9. Birthplace Barry County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER

12. Name Jim Greek

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Daisy Burris

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

Major findings: 27C

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Daisy Greek

(b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof 12-6-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparks Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Dec 11-1948 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature E. E. McRandy (M. E. or other) also

Address Cassville, Mo. Date signed 12/11/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 1248-1437

Date Filed 12-31-48

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Margaret Culver  
Licensed Embalmer No. 4389  
P. O. Address Cassville

**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 this body is not embalmed, fact should be so stated above.**