

S. No. 300
V. 10.48

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11205

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>4492</u>		Registrar's No. <u>16</u>		
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Birch Tree</u>		c. LENGTH OF STAY (in this place) <u>11 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Birch Tree</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Greer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 1, 1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 10-1875</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>21</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Mathew Holmes</u>			13b. MOTHER'S MAIDEN NAME <u>Mahala Iler</u>			14. NAME OF HUSBAND OR WIFE		
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Garber Birch Tree, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Undetermined</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>7965</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5 a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>R. Davis md.</u>				23b. ADDRESS <u>Birch Tree Mo</u>		23c. DATE SIGNED <u>3/12-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Birch Tree, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-14-49</u>		REGISTRAR'S SIGNATURE <u>L. B. Ream</u>		306 <u>0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan Funeral Home Mtn View, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

10100

RECEIVED

District Health Officer No. 2

District File Number 449233

Date Filed 4-1-49

MAY 2 1949

APR 5 1949

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.

Signed Joe B. Duncan
Licensed Embalmer No. 4325

Signed _____
Student Embalmer

P. O. Address Montevideo, Mo

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.

AFFIDAVIT

112085-6
49

STATE OF Missouri

County of Shannon

} ss.

* R. I. Davis, M.D.,

Birch Tree, Mo.

.....whom I certify to be respectable and
entitled to credit, and who, being by me first duly sworn according to law, do ^{es} depose and say.....
I attended the deceased, Sarah Ann Greer who died March 1, 1949
and believe the cause of her death was probably due to
heart failure.

(Two signatures required when mark is made.)

} R. I. Davis M.D.

Sworn to and subscribed before me, this 2nd day of
May A. D. 19 49, and I hereby certify
that I have no interest, and am not concerned in the prosecution of
said claim, and that I read the foregoing to the deponent....., and
that he subscribed and swore to the same with a full knowledge
of its contents.

} Charles D. Dodson

Notary Public

Comm. Exprs. 10/30/52

Name and residence of affiant. If convenient, should be sworn to before Clerk of Court of Record. If before Justice of the Peace, Certificate of Magistracy must be attached.

No. _____

licant _____

ence _____

PROOF OF

MAY 5 1949

FILED BY

Attorney.

MAY 5 1949

S-11205