

FILED JUN 20 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **129987**

BIRTH NO. _____ REG. DIST. NO. **127** - PRIMARY REG. DIST. NO. **3023** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wrich. mo 0471	
d. FULL NAME OF HOSPITAL OR INSTITUTION CLINTON GENERAL HOSP		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Edwin (Last) Greenhalge			4. DATE OF DEATH (Month) (Day) (Year) June 13-1950
5. SEX 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb 9 1897
9. AGE (to years last birthday) 53		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forming	10b. KIND OF BUSINESS OR INDUSTRY Forming
11. BIRTHPLACE (State or foreign country) Henry County Mo		12. CITIZEN OF WHAT COUNTRY? Henry	
13a. FATHER'S NAME John R Greenhalge		13b. MOTHER'S MAIDEN NAME Flora Walker	
14. NAME OF HUSBAND OR WIFE Ella Greenhalge		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 0 (If yes, give war or dates of service) 0	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Ella Greenhalge ADDRESS Wrich	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial asthma & longitue hunt DUE TO (c) Dementia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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 Jan 18, 1944 , to 6-13, 1950 , that I last saw the deceased alive on 6-12, 1950 , and that death occurred at 4:15 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE H. Schuker, M.D. (Degree or title)		23b. ADDRESS Clinton Mo	
23c. DATE SIGNED 6-13-50		24a. BURIAL, CREMATION REMOVAL (Specify) Burial 24b. DATE 6-15-50	
24c. NAME OF CEMETERY OR CREMATORY White Oak Cemetery - Near Wrich, Henry		24d. LOCATION (City, town, or county) (State) mo	
DATE REC'D BY LOCAL REG. June 15-1950		REGISTRAR'S SIGNATURE Florence Adams 25. FUNERAL DIRECTOR'S SIGNATURE W. J. Brown ADDRESS Wrich Mo	

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

0471

RECEIVED 6-19-50

District Health Officer No. 7,

District No. 5-50-66!

6-19-50

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 _____
Student Embalmer

Signed R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.