

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

8883

State File No.

No. 300
 10-48
 0520
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FILED MAR 31 1952

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Griffith Grove</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0997</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gary</u> b. (Middle) <u>LEONARD</u> c. (Last) <u>Jackson Greenstreet</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar</u> <u>22</u> <u>1952</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan-6-1943</u>	9. AGE (In years last birthday) <u>9</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>14</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ottumwa, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Willis LeRoy Greenstreet</u>	13b. MOTHER'S MAIDEN NAME <u>Lois Lucille Randall</u>	14. NAME OF HUSBAND OR WIFE _____
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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>P.F. Jackson</u> <u>Ottumwa, Iowa.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>trauma</u> DUE TO (c) <u>auto accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH _____
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Knox</u> <u>Scotland</u> <u>Iowa</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3</u> <u>22</u> <u>52</u> <u>11:45 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto accident</u>
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22. I hereby certify that I attended the deceased from 3-22, 1952, to 3-22, 1952, that I last saw the deceased alive on 3-22, 1952, and that death occurred at 12 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>R. J. Johnson, D.D.</u>	23b. ADDRESS <u>Edina, Mo.</u>	23c. DATE SIGNED <u>3-25-52</u>
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24a. BURIAL, CREMATION, REMOVAL	24b. DATE <u>Mar. 26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shaul</u>	24d. LOCATION (City, town, or county) (State) <u>Ottumwa, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 26-52</u>	REGISTRAR'S SIGNATURE <u>Will S. Kimmick</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Keith Hudson</u> <u>Edina, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina Missouri

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.