

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26836

State File No. ....

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

FILED AUG 11 1952

BIRTH NO. ....		REG. DIST. NO. <u>326</u>	PRIMARY REG. DIST. NO. <u>4481</u>	Registrar's No. <u>16</u>
1. PLACE OF DEATH a. COUNTY <u>Garin, Mo 0990</u> <u>Scotland County Mo. 3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Lee</u> <u>8140</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Abroad Train</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fort Madison</u> <u>8</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>2301 Ave. J.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>H.</u> c. (Last) <u>Greenwald</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 9 1911</u>	9. AGE (In years last birthday) <u>41</u> If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Fort Madison IA</u>
10c. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Jacob Greenwald</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Ed Greenwald</u>
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. <u>709-162408</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ed. Greenwald Ft Madison</u> ADDRESS _____
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>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 checked="" 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) <u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>June 30, 1952</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Dr. C. M. Seiler D.O.</u> (Degree or title)		23b. ADDRESS <u>Garin, Mo</u>		23c. DATE SIGNED <u>Aug. 7, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 30 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ft Madison IA</u>
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
DATE REC'D BY LOCAL REG. <u>8/9/52</u>		REGISTRAR'S SIGNATURE <u>Vera Turner</u> <u>47671</u>		

AUG 12 1952

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

*I delivered body to Ralph B. Nieters Ft Madison*  
*who embalmed and buried the body in*  
*Berk Madison, Ia*

working under my personal supervision.

Student Embalmer No. ....

Signed *George V. Goodrich*

Signed.....

Student Embalmer

Licensed Embalmer No. *1817*

P. O. Address *Wyncennes*

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.