

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 291

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived* If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>40 days</u>		d. STREET ADDRESS (If rural, give location) <u>1222 North Green Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KIRKVILLE OSTEOPATHIC HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Vella</u> b. (Middle) _____ c. (Last) <u>Greenstreet</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-19-1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>12-30-1883</u>	9. AGE (In years last birthday) <u>68</u>	# UNDER 1 YEAR Months <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>widowed housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>domestic</u>		11. BIRTHPLACE (State or foreign country) <u>Macon County, Mo. ()</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>John Lyle</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Murray</u>		14. NAME OF HUSBAND OR WIFE <u>widowed</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fern Robinson, Kirkville, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia and toxemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis of leg veins</u>		<u>1 month</u>	
DUE TO (c) <u>Lymphatic Leukemia</u>		<u>8 months</u>	
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>2040</u>	
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 Sept 19, 1952, to Aug 19, 1952, that I last saw the deceased alive on Aug 19, 1952, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. T. Gitemohu</u> (Degree or title)		23b. ADDRESS <u>D. Kirkville, Mo.</u>		23c. DATE SIGNED <u>8-19-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8/22/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairmont Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Englewood, Colo.</u>			

DATE REC'D BY LOCAL REG. <u>8-20-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Randolph Davis</u>	
		1-0		ADDRESS <u>Kirkville</u>	

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

013

1953

FEB 3

SEP 26 1952

SEP 23 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Donald Roberts

Licensed Embalmer No. 4722

P. O. Address Ferrisville 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.