

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37708**

FILED DEC 8 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1251**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (In this place) 60 yrs.		d. STREET ADDRESS (If rural, give location) 2012 Moss St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hos.			

3. NAME OF DECEASED a. (First) Stanford b. (Middle) Clayton c. (Last) Greathouse			4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1952		
5. SEX' Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 18, 1885	9. AGE (In years last birthday) 67	# UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney-at-law		10b. KIND OF BUSINESS OR INDUSTRY Lawyer		11. BIRTHPLACE (State or foreign country) Clattsburg, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Willis B. Greathouse		13b. MOTHER'S MAIDEN NAME Emma Gibson		14. NAME OF HUSBAND OR WIFE Zella Greathouse	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. S. C. Greathouse St. Joseph	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Colon		INTERVAL BETWEEN ONSET AND DEATH 2 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Metastasis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		

19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION 153X		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)	
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 **June 19 51**, to **Nov 19 52**, that I last saw the deceased alive on **11-25, 1952**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. McNeill M.D.		23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 11-25-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 28, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
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DATE REC'D BY LOCAL REG. December 9, 1952		REGISTRAR'S SIGNATURE Carl C. Carter		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Barry St. Joseph Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 19 1953

FEB 9 1953

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address ST Joseph MA

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.