

No. 300
10. 48

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

FILED JAN 12 1953

STANDARD CERTIFICATE OF DEATH

State File No. 43045

BIRTH NO. 70725 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla	c. LENGTH OF STAY (In this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla	0812
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Hospital		d. STREET ADDRESS (If rural, give location) 607 Cedar 0	

3. NAME OF DECEASED (Type or Print) DAVEY			4. DATE OF DEATH Oct. 11, 1952		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct. 9, 1952	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Rolla, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Edward Greer	13b. MOTHER'S MAIDEN NAME Barbara Whitman	14. NAME OF HUSBAND OR WIFE none
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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) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME John E. Greer, 607 Cedar, Rolla, Missouri	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Congenital stenosis aorta		
	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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct 9, 1952, to Oct 11, 1952, that I last saw the deceased alive on Oct 11, 1952, and that death occurred at 6:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James M. Myers M.D.	23b. ADDRESS Rolla, Mo.	23c. DATE SIGNED 10/13/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 12, 1952	24c. NAME OF CEMETERY OR CREMATORY Rolla	24d. LOCATION (City, town, or county) (State) Rolla, Missouri
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DATE REC'D BY LOCAL REG. Dec. 29, 1952	REGISTRAR'S SIGNATURE Nadine L. Steel	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 100 Elm, Rolla, Missouri
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County File Number _____
Date Filed 1-9-53

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 _____

Was not embalmed Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. H. Halloway* _____
Licensed Embalmer No. 3643

P. O. Address Rolla, 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.