

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6928**

FILED MAR 11 1953

0700

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

BIRTH NO. _____ REG. DIST. NO. **229** PRIMARY REG. DIST. NO. **5809** Registrar's No. **43**

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Danville Twn		c. CITY (If outside corporate limits, write RURAL and give township) Danville Twn	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) home			

3. NAME OF DECEASED (Type or Print) a. (First) Gates	b. (Middle) John	c. (Last) Greenwell	4. DATE OF DEATH (Month) (Day) (Year) 3-1-53
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 19 th 1875	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 HRS. Hours	IF UNDER 11 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Near High Hill Mo	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME John Greenwell	13b. MOTHER'S MAIDEN NAME Christine Chlor	14. NAME OF HUSBAND OR WIFE Lizabeth Greenwell
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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	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Lizabeth Greenwell	ADDRESS New Florence Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		Sudden
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC MYOCARDITIS		Several years
DUE TO (c) ARTERIO SCLEROTIC NEPHRITIS		Several years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) M.	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) ✓	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 **FEB-2-**, 1953, to **3-1**, 1953, that I last saw the deceased alive on **Feb 27**, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE James O. Helm	(Degree or title) MD.	23b. ADDRESS NEW FLORENCE MO.	23c. DATE SIGNED 3-3-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-5-53	24c. NAME OF CEMETERY OR CREMATORY Hugo Cemetery	24d. LOCATION (City, town, or county) (State) Near New Florence Mo.
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DATE REC'D BY LOCAL REG. 3-5-53	REGISTRAR'S SIGNATURE James O. Helm	25. FUNERAL DIRECTOR'S SIGNATURE W. S. ...	ADDRESS MONTGOMERY CITY MO
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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 XXXXX on the 1 day of March 1953, Student Embalmer No. _____ working under my personal supervision.

Student
Student Embalmer

Signed *Curry King*
Licensed Embalmer No. I487

P. O. Address Montgomery City 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.