

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38026**

FILED NOV 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **339** PRIMARY REG. DIST. NO. **6150** Registrar's No. **23**

1030

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL New Lebanon		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 10210 Rural New Lebanon Twp	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Rural New Lebanon Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural New Lebanon Twp.			

3. NAME OF DECEASED (Type or Print) HENRY SHERMAN GREER			4. DATE OF DEATH (Month) (Day) (Year) Sept. 12 1953		
a. (First)		b. (Middle)	c. (Last)		

5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MARCH 10, 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY RET. FARMER		11. BIRTHPLACE (State or foreign country) CARM., Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME JAMES GREER		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Nellie Greer	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no none		16. SOCIAL SECURITY NO. 497-16-4930		17. INFORMANT'S SIGNATURE OR NAME Gene Cochran ADDRESS Purina, Mo.	
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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	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				Sudden	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity 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"/>	
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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) 4501	
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray W. Rainey Coroner		23b. ADDRESS Dexter, Missouri		23c. DATE SIGNED 9-14-53	
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24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 9-15-53		24c. NAME OF CEMETERY OR CREMATORY Rock Point Cemetery		24d. LOCATION (City, town, or county) (State) New Lebanon Twp. Mo	
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DATE REC'D BY LOCAL REG. 10/31/53		REGISTRAR'S SIGNATURE Pearl Reed		490		25. FUNERAL DIRECTOR'S SIGNATURE Morgan Funeral Home ADDRESS Advantage	
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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, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

William H Morgan

Signed.....

Student Embalmer

Licensed Embalmer No. *4648*

P. O. Address *Adams, Me.*

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.