

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **4661**

BIRTH NO. **FILED FEB 24 1954** REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4225** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Holt			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon Mo.		c. LENGTH OF STAY (In this place) 12 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon 440		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) None		
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Lee		c. (Last) Greene	4. DATE OF DEATH (Month) (Day) (Year) Jan. 31 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 29, 1869	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Broker	10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (City and State or Foreign Country) Oregon Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Asbury Greene		13b. MOTHER'S MAIDEN NAME Ella Rueh		14. NAME OF HUSBAND OR WIFE Mary Martha Greene	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs O.O. Searcy ADDRESS Oregon Missouri		
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		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver			INTERVAL BETWEEN ONSET AND DEATH		
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 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) (Min)	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 5, 1953 , to Jan 31, 1954 , that I last saw the deceased alive on Jan 30, 1954 and that death occurred at 12:31 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) F. E. Hogan M.D.			23b. ADDRESS Mound City, Mo		23c. DATE SIGNED 1-2-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 2 1954	24c. NAME OF CEMETERY OR CREMATORY Oregon	24d. LOCATION (City, town, or county) (State) Oregon Missouri		
DATE REC'D BY LOCAL REG. 2/3/54	REGISTRAR'S SIGNATURE James A. Crawford 469		25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettyjohn ADDRESS Oregon Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 _____

James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.