

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Grover Greer

18083

State File No. _____

364

FILED JUL 1 - 1954

BIRTH NO. _____		REG. DIST. NO. <u>43</u>	PRIMARY REG. DIST. NO. <u>3007</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY OR TOWN <u>Eminence</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>1 minute</u>		e. STREET ADDRESS (If rural, give location) <u>1010</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LONNIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>BANKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29-1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 6, 1918</u>	9. AGE (In years) (last birthday) <u>35</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u> IF UNDER 2 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Abstractor & Insurance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agent</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>				
13a. FATHER'S NAME <u>John W Banks</u>		13b. MOTHER'S MAIDEN NAME <u>Rada Patterson</u>	14. NAME OF HUSBAND OR WIFE <u>Jean Banks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WW #2</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Jean Banks</u> ADDRESS <u>Eminence, Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal hemorrhage acute</u>		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) <u>Gastric Ulcers</u>				
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) _____	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 _____, 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 <u>Grover Greer</u> (Degree or title) _____		23b. ADDRESS <u>Poplar Bluff Mo.</u>		23c. DATE SIGNED <u>June 2, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-2-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New</u>	24d. LOCATION (City, town, or county) (State) <u>Eminence, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/28/54</u>	REGISTRAR'S SIGNATURE <u>R L Minter</u> <u>489-11</u>	25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS <u>Duncan Funeral Home Mtn View, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

27
1

JUL 1

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.....
Signature of Student Embalmer

Signed *Gova W. Green*.....
Licensed Embalmer No... 294

P. O. Address *1234 5th St.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.