

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21874**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Vermon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp</u>		c. LENGTH OF STAY (in this place) <u>1-6-11</u>	c. CITY OR TOWN <u>Lebanon</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>State Hospital #3</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Rural</u>		<u>05301</u>	
3. NAME OF DECEASED a. (First) <u>Elijah</u> b. (Middle) <u>F.</u> c. (Last) <u>Greenstreet</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-27-54</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-27-1889</u>
9. AGE (in years last birthday) <u>75</u>		10. MONTHS <u>10</u>	11. DAYS <u>10</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. a. FATHER'S NAME <u>Edmond Greenstreet</u> b. MOTHER'S MAIDEN NAME <u>Permelia Sedford</u> c. NAME OF MOTHER OR WIFE <u>Mrs E G Greenstreet</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>Unknown</u>		15. SOCIAL SECURITY NO. <u>Unknown</u>	
16. INFORMANT'S SIGNATURE OR NAME <u>Melan + Madeline</u>		17. ADDRESS <u>Lebanon 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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Exhaustion +</u> ANTECEDENT CAUSES DUE TO (b) <u>Heat Exhaustion</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9317</u> <u>46</u>	
20. INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>		21. INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
22. DATE 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) <u>108</u>		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
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 <u>12-16-1952</u> to <u>6-27-1954</u> that I last saw the deceased alive on <u>6-27-1954</u> , and that death occurred at <u>6:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. A. Bunch M.D.</u>		23b. ADDRESS <u>State Hospital #3</u>	
23c. DATE SIGNED <u>6-27-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>6-28-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos Funeral Service Inc</u>	
25. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>6-28-1954 Anna E. Ferry</u>		25. ADDRESS <u>451 7th St</u>	

1080  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 18 1954

JUL 23 1954

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 *H. H. Marmaduke*

Licensed Embalmer No. 2070

P. O. Address *Peoria, Ill.*

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.