

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29694**

BIRTH NO. <u>63131-54</u>		REG. DIST. NO. _____	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>367</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>		
b. CITY OR TOWN <u>Kirksville</u>		c. CITY OR TOWN <u>Charence</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>14-Hours</u>		f. STREET ADDRESS (If rural, give location) <u>Charence, Mo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. C. O. S. Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CYNTHIA</u> b. (Middle) <u>ANN</u> c. (Last) <u>Greening</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 2 1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>September-22-1954</u>	9. AGE (In Years last birthday) Months <u>10</u> Days _____ If UNDER 1 YEAR If UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never Worked</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Macon, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Virgil Greening</u>		13b. MOTHER'S MAIDEN NAME <u>EVELYN HATTON</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Virgil Greening, Clarence, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Acute cardiac dilatation</u> DUE TO (c) <u>Merivic bilateral emphysema</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> <u>30 min</u> <u>16 hrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5271</u>		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 <u>Oct. 2, 1954</u> to <u>Oct. 2, 1954</u> , that I last saw the deceased alive on <u>Oct. 2, 1954</u> , and that death occurred at <u>4:25 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>William C. Kelly, D.O.</u> (Degree or title)		23b. ADDRESS <u>Kirksville, Missouri</u>	23c. DATE SIGNED <u>10-2-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 4, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood</u>	24d. LOCATION (City, town, or county) (State) <u>Charence, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-7-54</u>	REGISTRAR'S SIGNATURE <u>Walter Lambert 1-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rays Funeral Home Shelbina Missouri</u>		

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

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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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Paul E. Hayes

Licensed Embalmer No.
446

P. O. Address *Shelburne*

**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.**