

FILED SEP 28 1954

STANDARD CERTIFICATE OF DEATH

State File No. 29972

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 272

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

I. PLACE OF DEATH

a. COUNTY Callaway
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton Hosp.
c. LENGTH OF STAY (in this place) 8 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Lebanon
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 285 W. Washington 05371

3. NAME OF DECEASED a. (First) Samantha b. (Middle) c. (Last) Greenstreet
4. DATE OF DEATH (Month) (Day) (Year) Sept 25 1954

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 8. DATE OF BIRTH Jan 8 1973 9. AGE (in years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and State or Foreign Country) California 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Henry Howard 13b. MOTHER'S MAIDEN NAME Mary Jane Gouge 14. NAME OF HUSBAND OR WIFE Floyd Greenstreet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. No 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Ralph Norman 285 Washington

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, asthma, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic heart disease
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 1200 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1954, to Sept 25, 1954, that I last saw the deceased alive on Sept 24, 1954, and that death occurred at 8 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. R. Hunter (Degree or title) M.D. 23b. ADDRESS Fulton Mo 23c. DATE SIGNED Sept 25 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-27-54 24c. NAME OF CEMETERY OR CREMATORY Lebanon Cem. 24d. LOCATION (City, town, or county) (State) Lebanon Mo

DATE REC'D BY LOCAL REG. Sept 25-54 REGISTRAR'S SIGNATURE Murella Lawrence 426-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Francis Home Fulton, Mo

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 *Wesley E. Browning*.....

Licensed Embalmer No. *272*.....

P. O. Address *Fulton, Pa.*.....

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.