

No. 300  
10-48

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31835

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7734

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff 0124</u>	
c. LENGTH OF STAY (in this place) <u>4 mo</u>		d. STREET ADDRESS (If rural, give location) <u>631 N 2th St 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri-Pacific Hosp.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Rert</u>	b. (Middle) <u>Leck</u>	c. (Last) <u>Greeson</u>	(Month) <u>Aug</u>	(Day) <u>18</u>	(Year) <u>1954</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>Jan 5, 1895</u>	9. AGE (in years last birthday)	10. UNDER 1 YEAR	11. UNDER 1 YEAR	12. UNDER 1 YEAR
				<u>59</u>	Months	Days	Hours

10a. USUAL OCCUPATION* (Give kind of work done during most of working life, even if retired) <u>Sheet Metal Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Martin Greeson</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie Payne</u>	14. NAME OF HUSBAND OR WIFE <u>Elsie Greeson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY NO. <u>702-14-7048</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl Greeson, 1083 Pennsylvania University City, Mo</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder with extension retroperitoneally</u>		
	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 <u>Jan 1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Bladder</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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 <u>181X</u>
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22. I hereby certify that I attended the deceased from 13 Am, 1954, to 18 Aug, 1954, that I last saw the deceased alive on 18 Aug, 1954, and that death occurred at 2:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Witt</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>416 Lindell St. St. Louis</u>	23c. DATE SIGNED <u>18 Aug '54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>8-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>AUG 20 1954</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Greer-Copy-Fitch</u>	ADDRESS <u>Poplar Bluff, Mo.</u>
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

SEP 16

SEP 28 1956

**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 *Bill C. Benson*

Licensed Embalmer No. *4764*

P. O. Address *St Louis Mo*

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