

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

163

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5109 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Crooked Creek</u>		c. LENGTH OF STAY (In this place) <u>4 mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARQUAND, MO</u>		d. STREET ADDRESS (If rural, give location) <u>0090</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi. S.E. Bossville, MO</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>EMRO</u> c. (Last) <u>GREER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 18 1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV. 16, 1888</u>	9. AGE (In years last birthday) <u>67</u>	10. IF UNDER 1 YEAR: Months <u>2</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bessville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Lesi Greer</u>		13b. MOTHER'S MAIDEN NAME <u>ANNIE SHORT</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie Greer (Dec.)</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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Lillie Parson Bessville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pelvis</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. <u>1991</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Dec 26<sup>th</sup></u> , 19 <u>55</u> , to <u>Jan 18<sup>th</sup></u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 17<sup>th</sup></u> , 19 <u>56</u> , and that death occurred at <u>7 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Edwin Crites M.D.</u>			23b. ADDRESS <u>Bessville, MO</u>		23c. DATE SIGNED <u>1/27/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/20/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOORE'S CHAPEL</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON MO</u>		
DATE REC'D BY LOCAL REG. <u>2-1-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles E. Mungt 540 + 244 Funder Bossville, MO</u> <u>Home</u>		

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

**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

*Charles E. Mung'ol*

Licensed Embalmer No.

*4877*

P. O. Address

*Livesville, 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.