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FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13603**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **161**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Independence		c. CITY OR TOWN Coon Rapids	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 1mo. 12 days		STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. San & Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR			b. (Middle) W.			c. (Last) GREER			4. DATE OF DEATH (Month) (Day) (Year) April 11, 1956						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 11, 1872			9. AGE (In years last birthday) 84		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) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Atchinson County, Mo.				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Joseph Greer			13b. MOTHER'S MAIDEN NAME Lydia Langston			14. NAME OF HUSBAND OR WIFE Mary E. Greer dec.					
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. None			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Cecile Walker Indep, Mo.					

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic interstitial nephritis & uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis - Coronary Arteriosclerosis DUE TO (c) Myocardial infarction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial infarction - cardiac								INTERVAL BETWEEN ONSET AND DEATH 6 weeks 3 weeks	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No 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) 4201				
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 **March 14, 1956 to April 11, 1956** I last saw the deceased alive on **4-11-56**, and that death occurred at **7:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE C. Hallen M.D.			23b. ADDRESS Independence Mo			23c. DATE SIGNED 4-11-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 12, 56		24c. NAME OF CEMETERY OR CREMATORY Exira, Iowa			24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. 4-12-56		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl Funeral Home Exira, Iowa				
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(Licensed Embalmer's Statement on Reverse Side)

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

54

APR 30 1958

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.....


Licensed Embalmer No. 315
P. O. Address Indip.....

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 licensē).
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.