

No. 300
10-48

FILED JUN 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21845**
Registrar's No. **5787**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Tennessee b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Memphis
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		e. STREET ADDRESS (If rural, give location) 766 N. McNeil	

3. NAME OF DECEASED (Type or Print)	a. (First) Celestine	b. (Middle)	c. (Last) Greene	4. DATE OF DEATH (Month) (Day) (Year) June 16, 1956
-------------------------------------	-----------------------------	-------------	-------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 7, 1898	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	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 At Home	11. BIRTHPLACE (City and State or Foreign Country) Luxora, Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	--	--

13a. FATHER'S NAME Unknown Archillion	13b. MOTHER'S MAIDEN NAME Edna Conway	14. NAME OF HUSBAND OR WIFE Robert L. Greene
--	--	---

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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Barry Greene, Memphis, Tenn.	ADDRESS
--	--	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock and hemorrhage from spinal cord injury and hemothorax, suffered in collision between car operated by Robert Green in which deceased was a passenger and truck operated by one Carl Foster on Highway #61, near Barnhart, Missouri, Jefferson County, about 8:45 a.m. (D.S.T.) June 16th, 1956.		
	II. OTHER SIGNIFICANT CONDITIONS #61, near Barnhart, Missouri, Jefferson County, about 8:45 a.m. (D.S.T.) June 16th, 1956.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION ACCIDENT E 8/6/1	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	--

21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, garage, street, auto bids., etc.) St. Louis	21c. (CITY, TOWN, OR TOWNSHIP) Near Barnhart, Mo (COUNTY) (STATE)
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 16 56 8a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? See above 050
---	--	---

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:55a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor, Coroner (Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6/18/56
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-16-56	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Memphis, Tenn.
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. JUN 18 1956	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.	ADDRESS
---	--	--	---------

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

MISSOURI
EMBALMER

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.....
J. W. B. Binkley

Licensed Embalmer No. *365*

P. O. Address *St. Louis*

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.