

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

26278

State File No. ....

FILED SEP 7 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5214 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL-Johnson twp</u> OR TOWN <u>SOYERS</u>		c. LENGTH OF STAY (in this place) <u>30 YRS</u>	c. CITY OR TOWN <u>GRANDIN</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		e. STREET ADDRESS (If rural, give location) <u>Gen Delveret 0180</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRISTINA</u> b. (Middle) <u>GREENSFELDER</u> c. (Last) <u>GREENSFELDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 76 1956</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Feb 13 1884</u>		9. AGE (in years last birthday) <u>72</u> <u>6</u> <u>13</u> <u>13</u> <u>13</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Hason County Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>G. C. GREENSFELDER</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET STAGER</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE, OR NAME (Signature) <u>Philip Greensfelder</u> ADDRESS <u>Grandin Mo</u>
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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, ashenia, 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) <u>Acute Circulatory Failure</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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
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22. I hereby certify that I attended the deceased from Dead on Arrival, 1956, to 19, and that death occurred at UR m., from the causes and on the date stated above.

23a. SIGNATURE (Signature) <u>William Van Buren</u> (Degree or title)	23b. ADDRESS <u>Van Buren Mo 8-5-51</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/30/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandin</u>	24d. LOCATION (City, town, or county) (State) <u>Grandin Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 5-56</u>	REGISTRAR'S SIGNATURE (Signature) <u>Mrs Oeta Henson Coleman</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Signature) <u>William Van Buren</u> ADDRESS <u>Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Allen C. McFadden*

Licensed Embalmer No. *4543*

P. O. Address *Van Buren*

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.