

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34535**

FILED NOV 1 - 1956

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4247 Registrar's No. 219

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give town) Jasper		c. CITY OR TOWN Jasper	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) 2 days		e. STREET ADDRESS (If rural, give location) 5 miles Northeast of Jasper	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercer Street		f. FULL NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) (n) c. (Last) Greer	
3. NAME OF DECEASED		4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 6, 1889
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Sheridan County, Nebr.
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Booker Powell Greer	
13b. MOTHER'S MAIDEN NAME Lovina Evans		14. NAME OF HUSBAND OR WIFE Fern Murphey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Fern Greer		ADDRESS Jasper, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolism		INTERVAL BETWEEN ONSET AND DEATH sudden	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis	
III. ANTECEDENT CAUSES Edema		DUE TO (a) _____ DUE TO (c) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 420.1	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from Dec. 8, 1948 , to Oct. 18, 1956 , that I last saw the deceased alive on Oct. 17, 1956 and that death occurred at _____ m., from the causes and on the date stated above.	
23. SIGNATURE Herbert M. Arnold M.D.		23b. ADDRESS Mo. 1020-56	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 21, 1956		24c. NAME OF CEMETERY OR CREMATORY Mount Carmel Cemetery	
24d. LOCATION (City, town, or county) (State) Barton County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Martin Selvey	
DATE REC'D BY LOCAL REG. 10-20-56		REGISTRAR'S SIGNATURE Elly Clinton	
25. FUNERAL DIRECTOR'S ADDRESS Jasper, Mo.		_____	

JASCO. Co. 56-10-85/
County 56-10-85/
Date Filed OCT 31 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
Signature of Student Embalmer

Signed *Geo W. Newcomb*

Licensed Embalmer No. *4671*

P. O. Address *Co. Wood*

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.