

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **39139**

FILED NOV 19 1956

BIRTH NO. _____		REG. DIST. NO. 314		PRIMARY REG. DIST. NO. 4459		Registrar's No. 66		
1. PLACE OF DEATH a. COUNTY St. Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri b. COUNTY St. Clair				
b. CITY (If outside corporate limits, write RURAL and give town) Osceola		c. LENGTH OF STAY (In this place) 10 yrs		c. CITY OR TOWN Osceola		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Todd's Hospital				e. STREET ADDRESS (If rural, give location) 0720				
3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Alice c. (Last) Greenon			4. DATE OF DEATH (Month) (Day) (Year) Oct; 25, 1956					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 10, 1864		
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) St. Clair County Mo.		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME James Clardy		13b. MOTHER'S MAIDEN NAME Pauline Kessinger		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Family Record ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 5 da	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis						
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility						
		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"/>		
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) 491x				
21d. TIME OF INJURY* (Month) (Day) (Year) (Hour) (m.) _____		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 Oct 20, 1956 to Oct 25, 1956 , that I last saw the deceased alive on Oct 24, 1956 , and that death occurred at 3:15 AM from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Ruth Sweeney MD				23b. ADDRESS Osceola Mo		23c. DATE SIGNED 11-1-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/26/56		24c. NAME OF CEMETERY OR CREMATORY Taberville		24d. LOCATION (City, town, or county) (State) Taberville Mo.		
DATE REC'D BY LOCAL REG. 11-1-56		REGISTRAR'S SIGNATURE Ruth Sweeney		25. FUNERAL DIRECTOR'S SIGNATURE J.B. ...		ADDRESS Osceola Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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. B. [Signature]*.....

Licensed Embalmer No. *303*.....

P. O. Address *Ocean*.....

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.