

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3473**

FILED JAN 29 1957

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY OR TOWN Nevada		c. CITY OR TOWN Nevada	
c. LENGTH OF STAY (in this place) 80 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manlove Nursing Home		e. STREET ADDRESS (If rural, give location) 310 East Cherry St	

3. NAME OF DECEASED a. (First) Calvin b. (Middle) P. c. (Last) Greenstreet		4. DATE OF DEATH (Month) (Day) (Year) 1-7-1957	
5. SEX Male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Dec. 17-1872	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Days 0 Hours 21 Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Real estate		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) Stockton Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Sam P. Greenstreet		13b. MOTHER'S MAIDEN NAME Amanda ?		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. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Kathryn Sherman 310 E. Cherry	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rectum		DUPLICATE OF (a) Rectum		6 mo.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUPLICATE OF (b) <input checked="" type="checkbox"/>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE OF (c) <input checked="" type="checkbox"/>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Age			

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada Vernon MO	
21d. TIME (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none	

22. I hereby certify that I attended the deceased from **1-6, 1957**, to **1-7, 1957**, that I last saw the deceased alive on **1-6, 1957**, and that death occurred at **12:30pm**, from the causes and on the date stated above.

23a. SIGNATURE M. Love MD (Degree or title)		23b. ADDRESS Nevada MO		23c. DATE SIGNED 1-10-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-9-57		24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park Nevada, MO.		24d. LOCATION (City, town, or county) (State) Nevada, MO.	
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DATE REC'D BY LOCAL REG. 1-25-1957		REGISTRAR'S SIGNATURE Anna G. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Rayn Funeral Service Inc Nevada, MO	
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(Licensed Embalmer's Statement on Reverse Side)

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 *H. H. Marmaduke*.....

Licensed Embalmer No. *2070*

P. O. Address *Nevada*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.