Health,
& Welfare
Public
Service

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 1957

27174
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 6415 Registrar's No. 122

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richland Township — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rural R.F.D. #4 — Length of stay in 1b: 9 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Scott
c. CITY OR TOWN: Sikeston 1000 — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): R.F.D. #4 — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: GREEN Middle: MOORE Last: GREER

4. DATE OF DEATH: Month: 7 Day: 24 Year: 1957

5. SEX: MALE **6. COLOR OR RACE**: White **7. MARRIED** ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 6-13-1887 **9. AGE** (In years last birthday): 70 — IF UNDER 1 YEAR: Months: 1 Days: 11 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER **10b. KIND OF BUSINESS OR INDUSTRY**: FARMING **11. BIRTHPLACE** (City and state or country): Sikeston Mo. **12. CITIZEN OF WHAT COUNTRY?**: USA

13. FATHER'S NAME: GREEN B. GREER **14. MOTHER'S MAIDEN NAME**: ALICE MOORE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): — **16. SOCIAL SECURITY NO.**: — **17. INFORMANT**: G.B. Greer Address: Sikeston Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarct. — INTERVAL BETWEEN ONSET AND DEATH: 1 hour.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 10 yrs.
DUE TO (c): —

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from 24-July-57 to 24-July-57 and last saw her/him alive on 24-July-57. Death occurred at 2.20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H.B. Thornton M.D. **22b. ADDRESS**: Sikeston, Mo **22c. DATE SIGNED**: 27-July-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 7-26-57 **23c. NAME OF CEMETERY OR CREMATORY**: Sikeston Mausoleum **23d. LOCATION** (City, town, or county) (State): Sikeston Mo

24. FUNERAL DIRECTOR ADDRESS: Welsh Funeral Home Sikeston Mo **25. DATE RECD. BY LOCAL REG.**: 7-26-57 **26. REGISTRAR'S SIGNATURE**: Mrs. Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

29.0

DATE RECEIVED JUL 29 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 757-153

AUG 2 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 346

P. O. Address Sikeston

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