

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020981

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 735

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 0117 63
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. MO. Meth. Hosp.		Length of stay in 1b 30 years	d. STREET ADDRESS (If outside, give location) 204 S. 22nd St.
3. NAME OF DECEASED (Type or print) First MIDDLE Last JESSE RAY GREER			4. DATE OF DEATH Month Day Year July 8, 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 12, 1889
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance man	11. BIRTHPLACE (City and state or country) DeKalb County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance man		10b. KIND OF BUSINESS OR INDUSTRY City Park Board	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Greer		13b. MOTHER'S MAIDEN NAME Cassie Patton	14. NAME OF HUSBAND OR WIFE Susie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 491-10-8596	17. INFORMANT Mrs. Susie Greer, 204 S. 22nd, St. Joseph, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic shock			INTERVAL BETWEEN ONSET AND DEATH 9028 11 at once
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Skull fracture DUE TO (c) Jesse Ray Greer fell to pavement while he was moving grass at west side of road			at once
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Located over Corby Parkway (22nd Douglas)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Skull fractured when hit brick pavement below	
20c. TIME OF INJURY 2:14 p.m. 7-8-58		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Corby Parkway		20f. CITY, TOWN, OR LOCATION / COUNTY STATE Saint Joseph Buchanan MO	
21. I attended the deceased <input checked="" type="checkbox"/> and last saw her/him alive on <input type="checkbox"/> m on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 2:14 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE St. Meliney, M.D. Coroner		22b. ADDRESS 214 N. 1st St. St. Joseph, Mo.	22c. DATE SIGNED 7-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7/11/1958	23c. NAME OF CEMETERY OR CREMATORY Union Chapel Cemetery	23d. LOCATION (City, town, or county) (State) DeKalb County Missouri
24. FUNERAL DIRECTOR Hector Bowman		25. DATE RECD. BY LOCAL REG. July 9, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Godell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 22 1958

SEP 15 1958

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 *William Spudis*

Licensed Embalmer No. *4538*
P. O. Address. *3195 10th St*

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.