

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014271

STATE FILE NUMBER

FILED MAY 15 1959

Registration District No. 254

Primary Registration District No. 5860

Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Fulton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Koshkonong</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Mammoth Spring</u> <u>8030</u> 8
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <u>4 days</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>D.</u> Middle <u>A.</u> Last <u>Greer</u>			4. DATE OF DEATH Month <u>May</u> Day <u>4</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 9, 1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchandise Store</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Boat</u>	9. AGE (In years last birthday) <u>85</u>
13a. FATHER'S NAME <u>Thomas Greer</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Georgie Hale Greer</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>I'ae Hill, Koshkonong, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>May 1, 1959</u> to <u>May 3, 1959</u> and last saw him alive on <u>May 3, 1959</u> Death occurred at <u>4:30 pm 5-3-59</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. E. S. S. M. D.</u>		22b. ADDRESS <u>Mammoth Spring, Ark</u>	22c. DATE SIGNED <u>5-8-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-7-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Koshkonong Cem</u>
23d. LOCATION (City, town, or county) (State) <u>Koshkonong Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>5-12-59</u>	
24. FUNERAL DIRECTOR <u>Alford Carter</u>		26. REGISTRAR'S SIGNATURE <u>Arthur Wolff</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

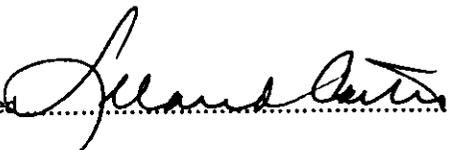
Health, & Welfare Public Service

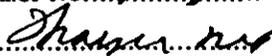
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STATEMENT BY LICENSED EMBALMER

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  .....

Licensed Embalmer No. .... 4516 .....  
P. O. Address.....  .....

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.