

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-004111**

**FILED VS. JAN 11 1960**

Registration District No. **317**

Primary Registration District No. **544**

Registrar's No. **32**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkwood, Mo.</b>		c. CITY OR TOWN <b>Rural</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Josephs Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>near Antonia, Mo.</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Herschel E. Greene</b>			4. DATE OF DEATH Month Day Year <b>Jan 4, 1960</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 21, 1909</b>	9. AGE (last birthday) <b>50</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Mfg.</b>		11. BIRTHPLACE (City and state of country) <b>Mt. Vernon, Ind.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>Lemuel Green</b>		13b. MOTHER'S MAIDEN NAME <b>Grace Sanders</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>306-07-4898</b>		17. INFORMANT Address <b>Mrs. H. E. Greene Imperial, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>D.O.A.</b> <b>Hospital</b>
IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>		
DUE TO (b) <b>Coronary Artery Disease</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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 a.m. p.m. Month, Day, Year			

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 <b>Wadesville, Ind.</b>	COUNTY	STATE
21. I attended the deceased from <b>10/9/59</b> to <b>12/28/59</b> and last saw him alive on <b>12/28/59</b> Death occurred <b>D.O.A. - St. Jos Hosp</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <b>Franch Huck M.D.</b>		22b. ADDRESS <b>Fenton, Mo.</b>		22c. DATE SIGNED <b>1-5-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Jan 5, 60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurell Hills</b>	23d. LOCATION (City, town, or county) (State) <b>Wadesville, Ind.</b>	
24. FUNERAL DIRECTOR <b>Heiligtag--Imperial, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-5-60</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murfley M.D.</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_

*Arthur W. Neely*

Licensed Embalmer No. 3872

P. O. Address Imperial

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.