

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047642

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

Registration District No. 373 Primary Registration District No. 6269 Registrar's No. 1

FILED JAN 8 1962

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MO b. COUNTY WEBSTER (Mission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DARK TWP Length of stay in 1b 37 YRS		c. CITY OR TOWN MARSHFIELD MO	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 5 MI NORTH	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELLA Middle GREER Last GREER		4. DATE OF DEATH Month DEC Day 19 Year 1961	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-17-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 86
11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME WILLIAM HARMON		13b. MOTHER'S MAIDEN NAME MARY McCORMACK	
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.	
17. INFORMANT C.G. GREER		Address MARSHFIELD 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) PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH 2 DAY
Conditions, give any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) RT. MIDDLE CEREBRAL HEMORRHAGE			10 DAY
DUE TO (c) HYPERTENSIVE CARDIOVASCULAR DIS.			2nd YEAR
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/>		
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 3-4-60 to 12-19-61 and last saw her/him alive on 12-18-61 Death occurred at 1000 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R.J. Barber, M.D. (Degree or title)		22b. ADDRESS MARSHFIELD MO	22c. DATE SIGNED 12-20-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-24-1961	23c. NAME OF CEMETERY OR CREMATORY MISSION HOME	23d. LOCATION (City, town, or county) (State) WEBSTER CO MO
24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD ADDRESS		25. DATE RECD. BY LOCAL REG. 1-3-62	26. REGISTRAR'S SIGNATURE [Signature]

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 George Staffe

Licensed Embalmer No. 3161

P. O. Address W. E. Lane

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.