

FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20297

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY MISSISSIPPI		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MISSISSIPPI	
b. CITY (If outside corporate limits, write RURAL and give township) EAST PRAIRIE c. LENGTH OF STAY in this place Life		c. CITY (If outside corporate limits, write RURAL and give township) RURAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 MI. N.W. OF EAST PRAIRIE		d. STREET ADDRESS (If rural, give location) 4 MI. N.W. OF EAST PRAIRIE	

3. NAME OF DECEASED (Type or Print) WILLIAM EARL GREER		4. DATE OF DEATH (Month) (Day) (Year) JAN. 16 1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 4, 1910
9. AGE (In years last birthday) 38		IF UNDER 1 YEAR Months 10 Days 12	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) EAST PRAIRIE
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME J. B. GREER	13b. MOTHER'S MAIDEN NAME DELPHI ELLEN MURPHY	14. NAME OF HUSBAND OR WIFE MARIE GREER - EAST PRAIRIE
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'S SIGNATURE OR NAME Marie Greer ADDRESS East Prairie, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GUNSHOT WOUND IN LEFT BREAST - NEAR HEART		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 12 GA. SHOT GUN		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SELF-INFLICTED		E 976X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENTAL SUICIDE (Specify) MISSOURI	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) AT HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) EAST PRAIRIE MISSISSIPPI MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-16-49 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? SELF-INFLICTED

22. I hereby certify that I attended the deceased **Earl Greer**, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John F. Nunnlee, Jr. Coroner	23b. ADDRESS Charleston Mo	23c. DATE SIGNED 1-18-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 19, 1949	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
24d. LOCATION (City, town, or county) (State) CHARLESTON MISSOURI	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE REC'D BY LOCAL REG. June 17 1949	REGISTRAR'S SIGNATURE Anna Harper Deputy 1991	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
District Health Office No. 2
District File Number 649 691
Date Filed JUN 20 1949

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.

Signed.....
Student Embalmer

Signed J. A. Bunnell

Licensed Embalmer No. 4413

P. O. Address Charleston, Mo

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 this body is not embalmed, fact should be so stated above.