

S. No. 300
V. 10.48

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12477

BIRTH NO. 109 REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give town or TOWN Rural Union Twp.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Como Twp.	
c. LENGTH OF STAY (In this place) 3 Days		d. STREET ADDRESS (If rural, give location) 5 1/2 Miles S. E. Malden	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 Miles South Campbell			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Jones c. (Last) Greer			4. DATE OF DEATH (Month) (Day) (Year) March 31, 1950			
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 12, 1898	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Florence Alabama		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Van Everett Greer	13b. MOTHER'S MAIDEN NAME Nancy Jane Black	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mattie Lester Malden, R-1	ADDRESS
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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 4300
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Thrombosis DUE TO (c) Vegetative N. Disease	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from _____, 19____, to **March, 1950**, that I last saw the deceased alive on **April 30, 1950**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dorothy L. Franklin (Degree or Title)	23b. ADDRESS 10 Campbell Mo	23c. DATE SIGNED 4/4/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 2 - 1950	24c. NAME OF CEMETERY OR CREMATORY Malden Park Cemetery	24d. LOCATION (City, town, or county) (State) MALDEN MO.
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DATE REC'D BY LOCAL REG. 4/5/1950	REGISTRAR'S SIGNATURE Mrs. Beulah Campbell	25. FUNERAL DIRECTOR'S SIGNATURE 92 DAY FUNERAL HOME	ADDRESS MALDEN, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

0350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-10-50

COUNTY FILE NUMBER 450-120

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
Student Embalmer

Signed _____

J. D. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.