

FILED DEC 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41220

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 558

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) Life time	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		6495					
d. FULL NAME OF HOSPITAL OR INSTITUTION 328 Range Line road			d. STREET ADDRESS (If rural, give location) 328 Range Line road							
3. NAME OF DECEASED (Type or Print) Enoch		a. (First)	b. (Middle) Joseph	c. (Last) Greer	4. DATE OF DEATH (Month) (Day) (Year) Dec. 8 50					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 4, 1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	IF UNDER 15 MIN. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Merchantile		11. BIRTHPLACE (State or foreign country) UNKNOWN		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Greer 328 Range Line rd. Joplin						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		15 min								
*This does not mean the mode of dying, such as heart failure, ashenia, 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) Coronary Sclerosis					Years			
		DUE TO (c) Essential Hypertension					Years			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					4-5-1			
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)						
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?						
22. I hereby certify that I attended the deceased from April 27, 1950, to Dec 8, 1950, that I last saw the deceased alive on Nov. 21, 1950, and that death occurred at 6:45 P.M., from the causes and on the date stated above.										
23a. SIGNATURE J. O. Martin (Degree or title)				23b. ADDRESS 20709 Joplin St., Joplin			23c. DATE SIGNED 12-11-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Dec. 12, 1950	24c. NAME OF CEMETERY OR CREMATORY FOREST PARK		24d. LOCATION (City, town, or county) Joplin		(State) MO			
DATE REC'D BY LOCAL REG. 12-11-50		REGISTRAR'S SIGNATURE G. S. [Signature] 138			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herbert Greer Mort Joplin, MO					

(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 20 1950

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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. 398

working under my personal supervision.

Student [Signature]
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.