

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12051

BIRTH NO. _____ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 6290 Registrar's No. 39

I. PLACE OF DEATH

a. COUNTY

Dallas

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN

Rural S. Benton

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

MO.

b. COUNTY

Dallas

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Rural S. Benton 0300

d. STREET ADDRESS

(If rural, give location)
Longlane, MO.

3. NAME OF DECEASED

a. (First)

Margarette

b. (Middle)

Elizabeth

c. (Last)

Greever

4. DATE OF DEATH

(Month) (Day) (Year)
4-4-51

5. SEX

F

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

W

2

8. DATE OF BIRTH

2-12-1870

9. AGE (In years last birthday)

81

1

22

IF UNDER 1 YEAR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Keeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MO.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13a. FATHER'S NAME

Geo. Weeks

13b. MOTHER'S MAIDEN NAME

Wm. Greever

14. NAME OF HUSBAND OR WIFE

John Greever

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Ruby Patterson Longlane MO.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

(a) Mitral insufficiency

ANTECEDENT CAUSES

Morbid conditions, if any, giving DUE TO (b) Chronic endocarditis rise to the above cause (a), stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 year
unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

410 X

20. AUTOPSY?

YES NO

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)

(Month)

(Day)

(Year)

(Hour)

21e. INJURY OCCURRED

WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 20, 1951, to April 3, 1951, that I last saw the deceased alive on April 3, 1951, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE

J. G. Bennett

(Degree or title)

J. G. Bennett, D. O.

23b. ADDRESS

Buffalo, Missouri

23c. DATE SIGNED

4/10/51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

4-6-51

24c. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24d. LOCATION (City, town, or county)

Buffalo

(State)

MO.

DATE REC'D BY LOCAL REG.

4/14/51

REGISTRAR'S SIGNATURE

Mrs. J. B. Jones

25. FUNERAL DIRECTOR'S SIGNATURE

Montgomery Vaughan

ADDRESS

Buffalo, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 16 1951

Dist. File 451-824

Date Filed 4-18-51

MAR 8 1954

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Clyde Montgomery*.....
Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.