

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19226

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6226 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>VERNON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Coale Twp</u>		c. LENGTH OF STAY (in this place) <u>8 YRS.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL EVE, MO-Coale Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>1080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u> b. (Middle) <u>WARREN</u> c. (Last) <u>GREER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 17 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 10 - 1890</u>
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>BARTON Co. MO.</u>
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>JOSEPH GREER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH GILMORE</u>	14. NAME OF HUSBAND OR WIFE <u>PEARL STULTS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>500-10-7028</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl Greer</u> ADDRESS <u>Eve, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach, with metastases</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>11-6-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>metastases to</u> <u>ubiquitous Adenocarcinoma of stomach lymph nodes</u>	
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 <u>8-22</u> , 19 <u>50</u> to <u>5-11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-11</u> , 19 <u>51</u> , and that death occurred at <u>11:00</u> A.M., from the causes and on the date stated above.			
23a. SIGNATURE <u>G. Kennard, M.D.</u> (Degree or title)		23b. ADDRESS <u>124 So. Main St. Scott, Mo.</u>	23c. DATE SIGNED <u>5-23-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 20-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u>
24d. LOCATION (City, town, or county) (State) <u>Sheldon Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-24-51</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Gerald Beery</u> ADDRESS <u>Sheldon Mo.</u>

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

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

RECEIVED MAY 28 1951

Dist. File 331-9214

Date Filed 5-28-51

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 L. Gerald Beery

Licensed Embalmer No. 4203

P. O. Address Shelton, Md

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.