

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 23524

BIRTH NO. _____		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 4258		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, give name before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. LENGTH OF STAY (in this place) <u>1 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Edina Franklin</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson</u>				d. STREET ADDRESS (If rural, give location) <u>0520</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bert</u> b. (Middle) <u>E.</u> c. (Last) <u>Greener</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1951</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec 3 1877</u>	
9. AGE (In years last birthday) <u>74</u>		if under 1 YEAR Months _____ Days _____		if under 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Knox Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>							
13a. FATHER'S NAME <u>William Greener</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Thomas</u>			14. NAME OF HUSBAND OR WIFE <u>Clara Greener</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Greener Edina 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>uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma melanctoxer</u> DUE TO (c) <u>Carcinoma of Prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 yrs.</u>
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) <u>Edina Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>June 1950</u> to <u>July 4, 1951</u> , that I last saw the deceased alive on <u>July 4, 1951</u> , and that death occurred at <u>6:30 A.M.</u> (from the causes and on the date stated above.)							
23a. SIGNATURE (Degree or title) <u>W. L. Blair, D.D.</u>				23b. ADDRESS <u>Edina Mo.</u>		23c. DATE SIGNED <u>7-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 5 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greensburg</u>		24d. LOCATION (City, town, or county) (State) <u>Greensburg Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 12 1951</u>		REGISTRAR'S SIGNATURE <u>W. L. Blair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Yesther Baskett</u>		ADDRESS <u>Memphis Mo</u>	

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

0520

Date Received: JUL 14 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-51-1259
Date Filed: JUL 14 1951

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

Albert C. Gertch

Licensed Embalmer No.

4257

P. O. Address

Murphy, 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.