

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24124**

FILED AUG 11 1951

BIRTH NO. _____ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **4444** Registrar's No. **24**

890
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Camden		c. LENGTH OF STAY (In this place) 57 years	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Camden		1890	
d. FULL NAME OF HOSPITAL OR INSTITUTION Street not listed		d. STREET ADDRESS (If rural, give location) Street not listed	

3. NAME OF DECEASED (Type or Print)	a. (First) Minnie	b. (Middle) Ann	c. (Last) Greer	4. DATE OF DEATH (Month) (Day) (Year) July 26, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 16, 1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 9 Days 11	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Hosuekeeping	11. BIRTHPLACE (State or foreign country) Ray County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ben Carpenter	13b. MOTHER'S MAIDEN NAME Eveline Harrison	14. NAME OF HUSBAND OR WIFE J.W. Greer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mark Greer, Camden, Missouri	ADDRESS Camden, Missouri
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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 3MO
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis 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	19b. MAJOR FINDINGS OF OPERATION 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	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 **5-1-**, 19**51** to **7-26-**, 19**51**, that I last saw the deceased alive on **7-26-51**, and that death occurred at **11:10 A.** m., from the causes and on the date stated above.

23a. SIGNATURE E. E. Gay M.D.	(In name or title)	23b. ADDRESS Richmond, Mo.	23c. DATE SIGNED 7-28-51
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24a. BURIAL OR CREMATION, REMOVAL (Specify) Burial	24b. DATE July 29, 1951	24c. NAME OF CEMETERY OR CREMATORY Craven Cemetery	24d. LOCATION (City, town, or county) (State) Ray County, Missouri
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DATE REC'D BY LOCAL REG. 8-4-51	REGISTRAR'S SIGNATURE Nellie J. Laska	25. FUNERAL DIRECTOR'S SIGNATURE Quest-Hilbert Funeral Home	ADDRESS Richmond, Missouri
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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. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4066

P. O. Address Richard, 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.