

FILED DEC 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37991

0550  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 397 PRIMARY REG. DIST. NO. 5649 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived, by institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City, Mo</u>	
c. LENGTH OF STAY (in this place) <u>60 years</u>		d. STREET ADDRESS (If rural, give location) <u>East Commercial</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Commercial</u>			
3. NAME OF DECEASED a. (First) <u>ELLA</u> b. (Middle) <u>MELISSA</u> c. (Last) <u>GREER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 10 - 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Oct 9, 1863</u>
9. AGE (In years last birthday) <u>88</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>never did work</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>
11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>William Greer</u>	
13b. MOTHER'S MAIDEN NAME <u>Carolyn - not known</u>	14. NAME OF HUSBAND OR WIFE <u>never married</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 <u>Edna Greer</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of pancreas</u> INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> ANTECEDENT CAUSES Morbid 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	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)	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>Sept 15, 1951</u> , to <u>Nov 10, 1951</u> , that I last saw the deceased alive on <u>Nov 10, 1951</u> , and that death occurred at <u>10:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles S. Moor, D.D.</u>		23b. ADDRESS <u>Pierce City, Mo.</u>	23c. DATE SIGNED <u>11/15/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov 12 - 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pierce City, Mo</u>
DATE REC'D BY LOCAL REG. <u>Nov. 16 - 51</u>	REGISTRAR'S SIGNATURE <u>J. M. P. Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thelma Bros</u>	
		ADDRESS <u>Pierce City, Mo</u>	

(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 NOV 26 1951

Dist. File 1121-2027

Date Filed 11-26-51

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 \_\_\_\_\_

*Edwin P Welk*

working under my personal supervision.

Student Embalmer No. ....

*Edwin P Welk*

Signed

Signed.....  
Student Embalmer

Licensed Embalmer No. 4131

P. O. Address St Louis City, 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.