

5. No. 300 FILED JAN 16 1952
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 2329

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5974</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>POLK</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>POLK</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - N. Green</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - N. Green</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>8840</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Estel</u>		b. (Middle) <u>Ellen</u>		c. (Last) <u>Greer</u>	
4. DATE OF DEATH		(Month) <u>1</u>		(Day) <u>2</u>		(Year) <u>52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Aug-23-1905</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>	IF UNDER 10 HRS. Hours <u>0</u> Min. <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Polk Co, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Wayne Huckabee</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HENKINS</u>		14. NAME OF HUSBAND OR WIFE <u>W. J. Greer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Willie Greer</u> ADDRESS <u>Urbana, MO</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</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. INTERVAL BETWEEN ONSET AND DEATH _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>157X</u>		22. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 15, 1952</u>		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>Nov 10</u> , 19 <u>51</u> , to <u>Jan 1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Jan 1</u> , 19 <u>52</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. H. Bailey</u> (Name or title)				23b. ADDRESS <u>Urbana, MO</u>		23c. DATE SIGNED <u>Jan 4 - 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Polk Co MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 7, 1952</u>		REGISTRAR'S SIGNATURE <u>Kalaki Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>258-0</u> ADDRESS <u>Laughan - Rees Urbana</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Allen W. Vaughan

Licensed Embalmer No. 4126

P. O. Address Urbana, 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.