

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32015

State File No. **03W1333**

RECORDED OCT 14 1952

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>03W1333</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>			2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>		
b. CITY OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>	c. CITY OR TOWN <u>Joplin</u>		d. STREET ADDRESS (If rural, give location) <u>202 N. WALL.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>202 N. WALL.</u>			d. STREET ADDRESS (If rural, give location) <u>202 N. WALL.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>AYTCHE</u> b. (Middle) <u>SLACK</u> c. (Last) <u>GREENWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 4 52</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>7/21/1879</u>	9. AGE (In years last birthday) <u>73</u>	10. IF UNDER 18: Hours _____
10a. USUAL OCCUPATION (Give kind of work done during 1/3 of working life, even if retired) <u>GEN. CONTRACTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ARCHITECT</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CALDWELL KANSAS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>EDWARD GREENWELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET A. KELLY</u>		14. NAME OF HUSBAND OR WIFE <u>CARRIE HELM GREENWELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carrie Helm Greenwell</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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Paralysis Left side</u> 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 <u>4 mo</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>331X</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>July 22, 1952</u> to <u>Oct 4, 1952</u> that I last saw the deceased alive on <u>Oct 4, 1952</u> and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Joplin, Mo 708</u>		23c. DATE SIGNED <u>Oct 5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/7/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE</u>	24d. LOCATION (City, town, or county) (State) <u>WEBB CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>10/9/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>GLOVER MORFARY</u> ADDRESS <u>JOPLIN MO</u>		

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

Dr. McFarland

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-13-52

Jasper County Health Office

County File Number 10/52/791

Date Filed 10-13-52

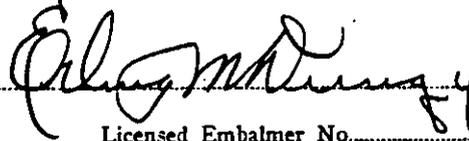
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

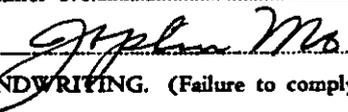
Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 813566

P. O. Address 

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.