

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **34331**

FILED OCT 24 1952  
 BIRTH NO. **74883** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5137** Registrar's No. **467**

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Black River Twp.</b>		c. LENGTH OF STAY (In this place) <b>Life</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural Route # 1</b>		d. STREET ADDRESS (If rural, give location) <b>Rural Route # 1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH J</b> b. (Middle) <b>JOHNNIE</b> c. (Last) <b>GREER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10/9/1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>10/31/1951</b>
9. AGE (In years last birthday) <b>11</b> Months <b>9</b> Days		IF UNDER 1 YEAR Hours <b>9</b> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Poplar Bluff, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Frederick H. Greer</b>	
13b. MOTHER'S MAIDEN NAME <b>Norma Patterson</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frederick H. Greer</b> ADDRESS <b>Poplar Bluff, Mo.</b>
<b>MEDICAL CERTIFICATION</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac Failure</b> DUE TO (c) <b>Acute Intestinal infection</b>	
		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) (m.)	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 <b>11-8, 1952</b> , to <b>11-8, 1952</b> , that I last saw the deceased alive on <b>11-8, 1952</b> , and that death occurred at <b>1:00A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>F. F. Priest D.O.</b> (Degree or title)		23b. ADDRESS <b>Poplar Bluff, Missouri</b>	23c. DATE SIGNED <b>10-11-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/10/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Missouri</b>
DATE REC'D BY LOCAL REG. <b>10-13-52</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b> <b>428</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Greer Croy &amp; Fitch</b> ADDRESS <b>Poplar Bluff, Mo.</b>	

RECEIVED  
OCT 22 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 1052-510

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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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address

Opola Bluff, MD

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.