

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35807**

FILED NOV 10 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **9048** Registrar's No. **241**

07420

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

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Dale</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>5 Mi. SE of Fairfield</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>	b. (Middle) <b>L</b>	c. (Last) <b>GREEVER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 24, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>April 21, 1873</b>	9. AGE (In years) (last birthday) <b>79-6-3</b>	IF UNDER 1 YEAR Month Days	IF UNDER 12 MOS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work or character of most of working life, even if retired) <b>Retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Atchison Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Campbell B. Greener</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Cheney</b>	14. NAME OF HUSBAND OR WIFE <b>Loretta Greener</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, 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>Wm Greener Jr.</b>	ADDRESS <b>Fairfield Mo</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis &amp; hypertension</b>		
	DUE TO (c) <b>Fractured femur</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 <b>332 X F</b>	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) (m.)	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 **10:20, 1952** to **10/24, 1952**, that I last saw the deceased alive on **10/24, 1952**, and that death occurred at **11 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. C. Bauman, M.D.</b>	23b. ADDRESS <b>1318 Main Maryville MO</b>	23c. DATE SIGNED <b>11/3/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct 27, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge</b>	24d. LOCATION (City, town, or county) (State) <b>Fairfield Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-8 52</b>	REGISTRAR'S SIGNATURE <b>Bess Holt</b>	25. FURNERAL DIRECTOR'S SIGNATURE <b>Schlesler</b>	ADDRESS <b>Fairfield</b>
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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 Marvin H. Scholer

Licensed Embalmer No. 4162

P. O. Address Fairfax, Missouri

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.