

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1839  
State File No. 737479  
Registrar's No. 2001

FILED FEB 4 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>			2. USUAL RESIDENCE (Where deceased lived, all institutions residence before death, or place of confinement) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		0495
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2104 QUINCY</u>			d. STREET ADDRESS (If rural, give location) <u>2104 QUINCY</u>		
3. NAME OF DECEASED a. (First) <u>BENJAMIN</u>		b. (Middle) <u>W.</u>	c. (Last) <u>GREER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 22 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 18, 1880</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CUSTODIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL SYSTEM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CHANCY, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>WILLIAM GREER</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE REYNOLDS</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA GREER</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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ANNA GREER 2104 QUINCY JOPLIN</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>BRONCHOGENIC CARCINOMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UNK -</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			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. <u>Silicosis</u>					<u>UNK.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>162 x 6</u>		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>1-9</u> , 19 <u>52</u> , to <u>1-22</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-21</u> , 19 <u>53</u> , and that death occurred at <u>9:55</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD.</u>			23b. ADDRESS <u>Miss Bldg Joplin</u>		23c. DATE SIGNED <u>1/23/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/24/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MO.</u>
DATE REC'D BY LOCAL REG. <u>1-26-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>THORNHILL-DILLON MORTUARY JOPLIN MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0495  
1

RECEIVED 2-2-53  
Jasper County Health Office

County File Number 53/2/107

Date Filed 2-3-53

MAR 5 1953

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 W. A. Johnson

Licensed Embalmer No. 3590

P. O. Address Joplin 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.