

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5356

State File No. _____

FILED MAR 13 1953

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 2412 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hammersville</u>	c. LENGTH OF STAY (in this place) <u>45 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Hammersville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>RT # 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT.</u> b. (Middle) <u>LEE.</u> c. (Last) <u>GREER.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-13-1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-18-1907</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>45</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Hammersville Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Charles Greer</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Killian</u>	14. NAME OF HUSBAND OR WIFE <u>Marjorie Williams</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>376-12-2835</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Greer</u>	ADDRESS <u>Hammersville Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>nephritis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>593X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 2/1, 1952 to 2/13, 1953, that I last saw the deceased alive on 2/13, 1953, and that death occurred at 4:50 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. M. L. ...</u>	23b. ADDRESS <u>Hammersville Mo</u>	23c. DATE SIGNED <u>2/14/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boy Keder</u>	24d. LOCATION (City, town, or county) (State) <u>Hammersville Local Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-20-53</u>	REGISTRAR'S SIGNATURE <u>Bertha Kerschbaum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Tom ...</u>	ADDRESS <u>Janesville City</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0350

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 8-12-53
COUNTY FILE NUMBER 353-70

JUN 8
1951

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. F. Emerald

Licensed Embalmer No. 352

P. O. Address Jonestown, Ark.

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.