

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10693**

FILED APR 14 1953

BIRTH NO. _____		REG. DIST. NO. <b>231</b>		PRIMARY REG. DIST. NO. <b>4346</b>		Registrar's No. <b>10</b>	
1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> COUNTY <b>Montgomery</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Montgomery</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>Montgomery City Mo</b> <b>0700</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				d. STREET ADDRESS (If rural, give location) <b>none</b> <b>8</b>			
3. NAME OF DECEASED (Type or Print) <b>Ellen</b>		a. (First)		b. (Middle) <b>XXXX</b>		c. (Last) <b>Greeley</b>	
4. DATE OF DEATH <b>4-6-53</b>		5. SEX <b>3</b> <b>F</b>		6. COLOR OR RACE <b>C</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b> <b>2</b>	
8. DATE OF BIRTH <b>Unknown</b>		9. AGE (In years last birthday) <b>About 100</b>		IF UNDER 1 YEAR Months Days Hours Mts.		IF UNDER 12 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ralls County Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Esten</b>		14. NAME OF HUSBAND OR WIFE <b>James Greeley "Decd"</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>ITO</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bretha Foster Montgomery City Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDIAL DECOMPENSATION</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 Mos.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CHRONIC ARTERIO-SCLEROSIS</b>				<b>11 YEARS</b>	
		DUE TO (c) <b>CHRONIC MYOCARDITIS</b>				<b>11 YEARS</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>4221</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>Oct. 31, 1952</b> to <b>APRIL 6, 1953</b> , that I last saw the deceased alive on <b>MAR 21, 1953</b> , and that death occurred at <b>9:30 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>E. H. Van Orsdale M.D.</b>				23b. ADDRESS <b>Montgomery City, Mo.</b>		23c. DATE SIGNED <b>4-7-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		24b. DATE <b>4-8-53</b>		24c. NAME OF CEMETERY <b>Montgomery</b>		24d. LOCATION (City, town, or county) (State) <b>Montgomery City Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-9-53</b>		REGISTRAR'S SIGNATURE <b>James B. Callaway - dep</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Callaway</b>		ADDRESS <b>Montgomery City Mo</b>	

(Licensee's Embosser's Statement on Reverse Side)

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

0700  
1

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 W. J. Ke  
6th day of April 1953 Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed W. J. Ke  
Licensed Embalmer No. 1489  
P. O. Address Montgomery City, 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.