

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16835

State File No.

FILED APR 21 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada Mo.</u>	
c. LENGTH OF STAY (in this place) <u>14 mons</u>		1082	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tates Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>Martha Ann Greer</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>April 6 53</u>	(Month) (Day) (Year)
---	------------	-------------	-----------	------------------------------------	----------------------

5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 4, 1861</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
------------------	----------------------------	---	--------------------------------------	---	------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Vernon Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
--	---	--	--

13a. FATHER'S NAME <u>James Gilmore</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Gilmore</u>	14. NAME OF HUSBAND OR WIFE <u>Richard Greer</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Greer</u>	ADDRESS <u>Irwin Mo.</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		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500</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) (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 Mar 20, 1949, to April 6, 1953, that I last saw the deceased alive on Mar 21, 1953, and that death occurred at 9 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Floyd Greer M.D.</u>	23b. ADDRESS <u>Nevada Mo.</u>	23c. DATE SIGNED <u>4/10/53</u>
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 8</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bluff Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barton Co. Mo.</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4-14-1953</u>	REGISTRAR'S SIGNATURE <u>Anna & Perry</u>	FEDERAL DIRECTOR'S SIGNATURE <u>Ernest Perry</u>	ADDRESS <u>Heldon</u>
---	---	--	-----------------------

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

82
4

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 *L. Gerald Beeny*

Licensed Embalmer No. *4283*

P. O. Address *Shelton 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.