

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**20651**

State File No. ....

BIRTH NO. MI 15 1953 REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Liberal</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal</u>	
c. LENGTH OF STAY (in this place) <u>69</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elsie</u> b. (Middle) <u>Lena</u> c. (Last) <u>Greer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar.</u>	8. DATE OF BIRTH <u>9-3-1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Sivert Sorenson</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline</u>	
14. NAME OF HUSBAND OR WIFE <u>John Hayden Greer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Hayden Greer</u>		18. ADDRESS <u>Liberal</u>		19. SIGNATURE OR NAME <u>John Hayden Greer</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Hypertension</u>			
		DUE TO (c) <u>0</u>			
		II. OTHER SIGNIFICANT CONDITIONS* (d) <u>0</u>			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0 0 0</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>0 0 0 0</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>	

22. I hereby certify that I attended the deceased from 7/3, 1953 to 7/3, 1953, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. G. Eddleman</u>		23b. ADDRESS <u>Liberal Mo</u>		23c. DATE SIGNED <u>July 6 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bluff</u>	
24d. LOCATION (City, town, or county) (State) <u>Barton Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jim Berkey</u>		ADDRESS <u>Mulberry, Kans</u>	

DATE REC'D BY LOCAL REG. July 7, 1953 REGISTRAR'S SIGNATURE Charlotte McDowell

(Licensed Embalmer's Statement on Reverse Side)

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

1956 2 7 700

AUG 31 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

*J. M. Baker*

Licensed Embalmer No. *2336*

P. O. Address *Mulberry, Ka*

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.