

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22255

State File No. ....

FILED JUN 22 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4340 Registrar's No. 26

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>MONROE</b>     |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b> |  |
| b. CITY OR TOWN <b>STOUTSVILLE</b>               |  | c. CITY OR TOWN <b>STOUTSVILLE</b>  |  |
| c. LENGTH OF STAY (in this place) <b>25 YRS.</b> |  | d. STREET ADDRESS (If rural, give location) <b>0674 0</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION          |  |   |  |

|                                     |                         |                             |                         |   |
|-------------------------------------|-------------------------|-----------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>PEARL</b> | b. (Middle) <b>ENGLETON</b> | c. (Last) <b>GREENE</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 13 1953</b> |
|-------------------------------------|-------------------------|-----------------------------|-------------------------|---|

|                    |                               |  |  |   |  |  |
|--------------------|-------------------------------|--|--|---|--|--|
| 5. SEX <b>MALE</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED.</b> | 8. DATE OF BIRTH <b>JULY 10<sup>TH</sup> 1882.</b> | 9. AGE (In years last birthday) <b>70</b> | if UNDER 1 YEAR Months <b>11</b> Days <b>3</b> | if UNDER 24 HRS. Hours <b></b> Mins. <b></b> |
|--------------------|-------------------------------|--|--|---|--|--|

|   |   |  |  |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RAILROAD (RET)</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>SIGNATURE SERVICE.</b> | 11. BIRTHPLACE (State or foreign country) <b>ROCKBRIDGE ILLINOIS</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|---|---|--|--|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME <b>JOHN J. GREENE</b> | 13b. MOTHER'S MAIDEN NAME <b>MATTIE WITT.</b> | 14. NAME OF HUSBAND OR WIFE <b>MAE GREENE.</b> |
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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) <b>no.</b> | 16. SOCIAL SECURITY NO. <b>497-10-7493</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Ralph Greene</b> ADDRESS <b>2002 Sunflower Street, St. Louis, Mo.</b> |
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|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Heart Disease</b>  |  |  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) <b>4201</b> |
|--|--|---|

|   |   |                            |
|---|---|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|---|----------------------------|

22. I hereby certify that I attended the deceased from Aug 1952, to June 13 1953, that I last saw the deceased alive on 19, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

|   |                                    |                                      |
|---|------------------------------------|--------------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Wm. W. Russell M.D.</b> | 23b. ADDRESS <b>St. Louis, Mo.</b> | 23c. DATE SIGNED <b>June 15 1953</b> |
|---|------------------------------------|--------------------------------------|

|   |  |   |  |
|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> | 24b. DATE <b>June 14<sup>th</sup> 1953</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>STOUTSVILLE Cemetery.</b> | 24d. LOCATION (City, town, or county) (State) <b>STOUTSVILLE, MISSOURI</b> |
|---|--|---|--|

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <b>JUN 15 1953</b> | REGISTRAR'S SIGNATURE <b>J. R. Burnett M.D.</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>WILSON &amp; SONS</b> ADDRESS <b>MONROE CITY, MO.</b> |
|---|---|---|

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

1 AUG 20 1953  
JUL 8 1953

1953

JUN 29 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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Louise L. Wilson

Licensed Embalmer No. 3017

P. O. Address Monroe City, 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.