

STANDARD CERTIFICATE OF DEATH

State File No. **27909**

No. 300
10-48

Webb
FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>	
b. CITY OR TOWN <u>Brockenridge</u>		c. CITY OR TOWN <u>Brockenridge</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>city limits</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>city limits</u>		e. STREET ADDRESS (If rural, give location) <u>city limits</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>BLAINE</u> c. (Last) <u>GREENWOOD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6/27/1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>8/15/1893</u>	9. AGE (in years last birthday) <u>60</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Brockenridge, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Thomas Greenwood</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Jane Spicer</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Gurnow Greenwood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alma Greenwood Brockenridge, Mo.</u> ADDRESS _____	

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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Found dead in bed with blood in mouth</u> ANTECEDENT CAUSES <u>The last activities, irregular heart.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>anemia</u>					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>725 X</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) _____		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 March, 1953, to April, 1953, that I last saw the deceased alive on May, 1953, and that death occurred at 6:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Webb M.D.</u> (Degree or title)		23b. ADDRESS <u>Brockenridge Mo</u>		23c. DATE SIGNED <u>6-27-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/29/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brockenridge, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>8-18-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Genl. Michael Braymer, Mo.</u> ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Geneb. Michael

Licensed Embalmer No. *4340*

P. O. Address *Braymer, 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.