

FILED NOV 2 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. 35237

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 312

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BOLLINGER MO 90</u>	
b. CITY OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Crooked Creek TWP</u>	
c. LENGTH OF STAY (In this place) <u>6 mo</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR GLEN ALLAN, MO</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>406 Themis Cape Girardeau</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>Greer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25 1953</u>		
5. SEX <u>F M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Feb. 7, 1875</u>			9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Days <u>8</u> Hours <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BOLLINGER Co. MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Miller</u>		13b. MOTHER'S MAIDEN NAME <u>ALZADA Rhodes</u>		14. NAME OF HUSBAND OR WIFE <u>Marion Greer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marion Greer, Glen Allan, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of Liver.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 months</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 <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</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) <u>1561</u>	
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? <u>—</u>	

22. I hereby certify that I attended the deceased from Oct 23 1953 to Oct 25 1953 that I last saw the deceased alive on Oct 22 1953 and that death occurred at 4:20 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. W. Summers M.D.</u>		23b. ADDRESS <u>Cape Girardeau MO</u>		23c. DATE SIGNED <u>10-26-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 26 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>at Trace Creek Cem. Bollinger County MO</u>	
24d. LOCATION (City, town, or county) (State) <u>Bollinger County MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene Ward Duttonville, MO</u>			
DATE REC'D BY LOCAL REG. <u>10-30-53</u>		REGISTRAR'S SIGNATURE <u>W. W. Summers</u>		44-0	

(Licensed Embalmer's Statement on Reverse Side)

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

*Not EMBALMED*  
Signed \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address \_\_\_\_\_

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.