

FILED JUN 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17657**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **349** PRIMARY REG. DIST. NO. **6180** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Winigan</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Winigan</b> <b>1050</b>	
c. LENGTH OF STAY (In this place) <b>5 years</b>		d. STREET ADDRESS (If rural, give location) <b>No street address</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home in Winigan</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Elby</b> b. (Middle) <b>Ross</b> c. (Last) <b>Greenstreet</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 31, 1954</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 3, 1870</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>---</b> Days <b>---</b>	IF UNDER 24 HRS. Hours <b>---</b> Min. <b>---</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b> <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John Greenstreet</b>		13b. MOTHER'S MAIDEN NAME <b>Lucinda Murry</b>		14. NAME OF HUSBAND OR WIFE <b>Della Ann Greenstreet</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Eeulah Munns, Winigan, Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		DUPLICATE TO (b) <b>Generalized arteriosclerosis</b>				<b>15 years</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE TO (c) <b>prostatism</b>		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 <b>4500</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May, 1953, to May, 1954, that I last saw the deceased alive on May 30, 1954, and that death occurred at 4:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Howard Carter M.D.</b>		23b. ADDRESS <b>Browning, Mo</b>		23c. DATE SIGNED <b>June 1, 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 2, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Price Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>Linn County, Mo</b>			

DATE REC'D BY LOCAL REG. <b>6/2/54</b>		REGISTRAR'S SIGNATURE <b>Agnes L. Page</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Blum E. Lintson, Green City, Mo</b>	
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(Licenses Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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

*Earl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address

*Green 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.