

33594

FILED NOV 8 - 1954

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1007</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>GREENE</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>WEBSTER</u>		
c. LENGTH OF STAY (In this place) <u>6 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MARSHFIELD RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>Route #2</u>		<u>1120</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clark Osteopathic Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Route #2</u>				
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) <u>SAMUEL</u>	b. (Middle) <u>ALLEN</u>	c. (Last) <u>GREATHOUSE</u>	(Month) <u>Oct.</u>	(Day) <u>31</u>	(Year) <u>1954</u>			
(Type or Print)								
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 9, 1893</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>JENKINS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JAMES GREATHOUSE</u>		13b. MOTHER'S MAIDEN NAME <u>RUTH JOHNSON</u>		14. NAME OF HUSBAND OR WIFE <u>Thetis Greathouse</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>444-01-2121</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs V.R. Walker, Springfield, Mo.</u>					ADDRESS
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Sepsis & Gangrenous Gut</u>							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES							
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
	DUE TO (b) <u>Mesenteric Thrombotic Infarction</u>							
	DUE TO (c) <u>Arteriosclerosis</u>							
	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					20. AUTOPSY? YES <input checked="" 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) (Min.)		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 <u>10-30</u> , 19 <u>54</u> , to <u>10-31</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-31</u> , 19 <u>54</u> , and that death occurred at <u>10:22</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u>			23b. ADDRESS <u>1027 Marshallfield, Mo.</u>			23c. DATE SIGNED <u>10/31/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-4-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MARSHFIELD, MISSOURI</u>				
DATE REC'D BY LOCAL REG. <u>11-3-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.W. BARBER</u> ADDRESS <u>Federal Home, Marshallfield, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

APR 2 1948

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 *Lucian T. Swalley*

Licensed Embalmer No. *4815*

P. O. Address *F. Marshfield*

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.