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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15897

State File No. \_\_\_\_\_

FILED MAY 25 1955

BIRTH NO. _____		REG. DIST. NO. <u>12</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY OR TOWN <u>Cassville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Terry rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>1601 Main</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clement</u>		b. (Middle) <u>Arthur</u>		c. (Last) <u>Greer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 7 55</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 31, 1869</u>	
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>3</u>		11. DAYS <u>6</u>		12. HOURS & MIN. <u>5 05</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired lumberman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>		11. BIRTHPLACE (City and State) <u>Ludington, Mich.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samual Greer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gailey</u>		14. NAME OF HUSBAND OR WIFE <u>Max Greer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>040-16-0152</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James G. Ashley</u>			
18. CAUSE OF DEATH Enter only one cause per line (or (a), (b), and (c))  This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19. INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
19a. DATE OF OPERATION <u>July 2, 1955</u>		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) <u>331X</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?			
22. I hereby certify that I attended the deceased from <u>May 4, 1955</u> , to <u>May 7, 1955</u> , that I last saw the deceased live on <u>May 4, 1955</u> , and that death occurred at <u>10:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James G. Ashley</u>				23b. ADDRESS <u>Cassville Mo</u>		23c. DATE SIGNED <u>5-7-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 8, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mineral Springs Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Barry Co. Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>5-10-55 Mrs. P. N. Cook</u>		51370		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Darwin Williams Cassville, Mo.</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 555-244

DATE REC. 5-18-55

AUG 16 1955

MAY 28 1955

JUN 7 1955

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 myself, Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed Raymond A. Danner  
Licensed Embalmer No. 34

P. O. Address Cassville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.