

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 8 - 1955

State File No.

No. 300
10.48

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4378 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bertrand		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bertrand	
c. LENGTH OF STAY (in this place) 67 Years		d. STREET ADDRESS (If rural, give location) Bertrand, Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bertrand			

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Elizabeth c. (Last) Crenshaw			4. DATE OF DEATH (Month) (Day) (Year) April 24, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH July 27, 1868		9. AGE (In years last birthday) 86		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Benton County, Tenn.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William Carrol Greer		13b. MOTHER'S MAIDEN NAME Mary Ann Watson		14. NAME OF HUSBAND OR WIFE	
---	--	---	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Patrick, Bertrand, Mo.	
---	--	------------------------------	--	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Generalized Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomata Ascending Colon? DUE TO (c) 153X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH ? 2 1/2 days
--	--	---	--	--	---

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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 9/10, 1854, to 4/24, 1955, that I last saw the deceased alive on 2/11/1955, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Charleston Mo		23c. DATE SIGNED 4/26/55	
--	--	----------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/26/55		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
				24d. LOCATION (City, town, or county) (State) Charleston, Mo.	

DATE REC'D BY LOCAL REG. 7-29-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS The Nunnelee Funeral Chapel	
----------------------------------	--	-----------------------------------	--	--	--

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

AUG 5 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed AUG 5 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John F. [Signature]

Licensed Embalmer No. 3851

P. O. Address Charleston, N.C.

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.