

FILED DEC 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. 40325

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>138</u> | | PRIMARY REG. DIST. NO. <u>4219</u> | | Registrar's No. <u>81</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>HICKORY</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>BENTON</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>WEAUBIEAU</u> | | c. LENGTH OF STAY (In this place) <u>1 week</u> | | c. CITY OR TOWN <u>WARSAW</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Weaublean Rest Home</u> | | | | e. STREET ADDRESS (If rural, give location) <u>0087</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>JANE</u> c. (Last) <u>GREER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 21 1955</u> | | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>May 4, 1871</u> | | | |
| 9. AGE (In years last birthday) <u>84</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u> | | | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> | | 13a. FATHER'S NAME <u>William F Mitchel</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Wiley</u> | | | |
| 13a. FATHER'S NAME <u>William F Mitchel</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Wiley</u> | | 14. NAME OF HUSBAND OR WIFE <u>deceased</u> | | 15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u> | | | |
| 15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Emitt Greer</u> | | ADDRESS <u>Warsaw</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 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | | | DUE TO (b) <u>Hypertension</u> | | | | DUE TO (c) _____ | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 331x | |
| 19a. DATE OF OPERATION | | 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) | | | | | |
| 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 <u>Dec. 14</u> 19 <u>55</u> , to <u>Dec. 21</u> , 19 <u>55</u> that I last saw the deceased alive on <u>Dec. 21</u> , 19 <u>55</u> , and that death occurred at <u>4:30 AM.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>A. R. Easton</u> | | | | 23b. ADDRESS <u>0087 Weaublean Rd</u> | | 23c. DATE SIGNED <u>Dec. 21, 1955</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec 23, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New Home</u> | | 24d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>12-24-1955</u> | | REGISTRAR'S SIGNATURE <u>May Johnson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John J Reser</u> | | ADDRESS <u>Warsaw</u> | | | |

(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.....
Signature of Student Embalmer

Signed *John J. Reser*.....
Licensed Embalmer No. *40*.....

P. O. Address *Wars*.....

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.