

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5338**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>89</u>		
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>STAY</u> YRS		c. CITY OR TOWN <u>JOPLIN</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>2833 E. 16TH ST.</u>				e. STREET ADDRESS (If rural, give location) <u>2833 E. 16TH ST. 0495</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACK.</u>			b. (Middle) <u>L.</u>		c. (Last) <u>GREATHOUSE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-23-56</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 3, 1913</u>		9. AGE (in years last birthday) <u>42</u> IF UNDER 1 YEAR: Months _____ Days _____ IF OVER 1 YEAR: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CO-OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONCRETE MASONRY PRODUCTS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SALEM, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>WILLIAM T. GREATHOUSE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY KING</u>		14. NAME OF HUSBAND OR WIFE <u>DOROTHY GREATHOUSE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNK</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. DOROTHY GREATHOUSE, 2833 E. 16TH</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2 previous myocardial infarction in the past year</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> <u>1 year</u> <u>1 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H200</u>					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) (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>June</u> , 19 <u>55</u> , to <u>Feb 26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>FEB 23</u> , 19 <u>56</u> , and that death occurred at <u>10:00 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Spencer Ed Koehler, MD</u>				23b. ADDRESS <u>805 Frisco Bldg - Joplin Mo</u>		23c. DATE SIGNED <u>2/26/56</u>		
24a. FUNERAL CREMATION REMOVAL (Specify) <u>BURNAL</u>		24b. DATE <u>2-29-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>		
DATE REC'D BY LOCAL REG <u>2-29-56</u>		REGISTRAR'S SIGNATURE <u>Dora Merriam</u>		526-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>		

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

RECEIVED MAR 5 1956
Jasper County Health Office
County File Number 5-6-2-212
Date Filed MAR 5 1956

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin*

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.