

300
48

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10789

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2822

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2822

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Illinois</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give town) <i>St. Louis</i>		c. CITY OR TOWN <i>Granite City</i>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Pac. Hosp.</i>		e. STREET ADDRESS (If rural, give location) <i>2845 Iowa St. #128</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Cestie</i>	b. (Middle) <i>Deane</i>	c. (Last) <i>Greene</i>	4. DATE OF DEATH (Month) (Day) (Year)
				<i>3 17 56</i>

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>7-22-1891</i>	9. AGE (In years last birthday) <i>64</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>ILL. TERMINAL</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>ROCKBRIDGE, ILLINOIS</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			

13a. FATHER'S NAME <i>ROY DAVID GREENE</i>	13b. MOTHER'S MAIDEN NAME <i>ELSIE MAE WILLIAMS</i>	14. NAME OF HUSBAND OR WIFE <i>Mabel Greene</i>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>333-03-7418</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mabel Greene</i> ADDRESS <i>2845 Iowa St. Granite City, Ill</i>
--	--	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cor pulmonale</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <i>Pulmonary Emphysema</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerosis generalized</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>434.3</i>	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)	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 *3/13* 19*56* to *3/17/56* 19*56*, that I last saw the deceased alive on *3/17*, 19*56*, and that death occurred at *11:30 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Hubert M. ...</i> (Degree or title)	23b. ADDRESS <i>Mo Pac Hosp</i>	23c. DATE SIGNED <i>3-18</i>
---	---------------------------------	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	24b. DATE <i>3-17-1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>SUNSET HILL</i>	24d. LOCATION (City, town, or county) (State) <i>EDWARDSVILLE, ILLINOIS</i>
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. <i>MAR 20 1956</i>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. GENERAL DIRECTOR'S SIGNATURE <i>Frank Mercer</i> ADDRESS
---	---	--

WRITE PLAINLY--USING 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 *Charles P. Merwin*

Licensed Embalmer No. *79*

P. O. Address *Sanibel*

Note: The above ~~MUST BE SIGNED~~ BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.