

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25955

FILED AUG 20 1956

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3000 Registrar's No. 109

Health & Welfare
Public Health Service
300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hume
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Memorial		Length of stay in lb 4 days	d. STREET ADDRESS Rt. 1
3. NAME OF DECEASED (Type or print) First Ruth Middle Aileen Last Greer			4. DATE OF DEATH August 10, 1956 Month August Day 10 Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-16-1909
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 46 IF UNDER 1 YEAR: Months 46 Days 46 Hours 46 Min. 46
11. BIRTHPLACE (City and state or country) Elkhart, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Marion W. Burris		14. MOTHER'S MAIDEN NAME Nancy C. Fansler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Thomas Millard Greer Address Hume Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary embolus			INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) metastatic carcinoma of lungs			7 months
DUE TO (c) primary carcinoma of breast			14 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 170X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY: Hour p. m. Month, Day, Year	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from Feb. 1943 to Aug. 10, 1956 and last saw her alive on Aug. 10 '56 Death occurred at 2 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. S. Lathrop, M.D.		22b. ADDRESS W. Main St., Butler, Mo.	22c. DATE SIGNED Aug. 11 '56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-13-1956	23c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cemetery	23d. LOCATION (City, town, or county) (State) Adrian, Mo.
24. FUNERAL DIRECTOR ADDRESS Calver-Hindewood Butler, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 11-1956	26. REGISTRAR'S SIGNATURE Kendall Kersey

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert J. Stembel*.....

Licensed Embalmer No. *465*.....

P. O. Address *Bethlehem*.....

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.