

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37326**

BIRTH NO. _____		REG. DIST., NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>1107</u> Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Taberville</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chambers Emergency Hosp</u>			e. STREET ADDRESS (If rural, give location) <u>09387</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u>		b. (Middle) <u>C.</u>	c. (Last) <u>Greer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec; 5, 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 5, 1878</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky -</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Albert Manis</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Reimer</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Greer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Greer, Taberville Missouri</u>		ADDRESS	
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, anasthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Pneumonia</u> DUE TO (c) <u>Rheumatoid Arthritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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) (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>11-19, 1956</u> to <u>12-5, 1956</u> , that I last saw the deceased alive on <u>12-4, 1956</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Chamberworth D.O.</u>			23b. ADDRESS <u>El Dorado Springs Missouri</u>		23c. DATE SIGNED <u>12/6/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/7/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Taberville</u>		24d. LOCATION (City, town, or county) (State) <u>Taberville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-7-56</u>		REGISTRAR'S SIGNATURE <u>George W. Moyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Home ascale No</u> ADDRESS	

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 *J. B. Goodrich*.....

Licensed Embalmer No. *3038*.....

P. O. Address *Peesele*.....

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.