

Health, Welfare, Public Service, 000-56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, MEDICAL CERTIFICATION, Doctor, Coroner, etc. must be casually related. Coroner cannot certify to a death due to natural causes.

Dr. Russell

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1045

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Willard	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Sunshine Acres INSTITUTION W. Division Rd.		d. STREET ADDRESS (If outside, give location) 390	
Length of stay in hb 3 mos 10 days		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CLAUDE Middle PAYNE Last GREENWADE			4. DATE OF DEATH Month Jan. Day 6 Year 57
5. SEX Male	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 March 28, 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Willard, Missouri
13. FATHER'S NAME John Thomas Greenwade		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Earl Greenwade		Address Willard, 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) Cerebral Thrombosis DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 _____ a. m. _____ p. m. Month _____ Day _____ Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in of about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Sept. 28, 56 to Jan 6, 1957 and last saw alive on Jan. 5, 1957 Death occurred at 11:45 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE David A. Hall, M.D.		22b. ADDRESS 1503 So. Glenstone Ave. Springfield, Missouri	22c. DATE SIGNED 1/8/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/9/57	23c. NAME OF CEMETERY OR CREMATORY Murray Cemetery	23d. LOCATION (City, town, or county) (State) Willard, Missouri
24. FUNERAL DIRECTOR Ayre-Goodwin		ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 1-10-57
			26. REGISTRAR'S SIGNATURE Edith Williamson

(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 examined
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lucien J. Swadlow*

Licensed Embalmer No. *48*

P. O. Address *Springfield*

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.