

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **35287**

FILED NOV 14 1957

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>	c. LENGTH OF STAY (in this place) <u>78 yrs</u>	c. CITY OR TOWN <u>Salem</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>Center & Hickory Sts.</u>		e. STREET ADDRESS (If rural, give location) <u>East 2nd Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DOLLIE</u> b. (Middle) <u>ANN</u> c. (Last) <u>GREENE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 7 1957</u>
--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 5 1874</u>	9. AGE (In years last birthday) <u>83</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>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	--

13a. FATHER'S NAME <u>Isiah Larkin</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Turley</u>	14. NAME OF HUSBAND OR WIFE <u>Robt. Greene (decd)</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hildred Belew</u>	ADDRESS <u>Salem, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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? <u>2</u> 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) <u>151X</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 5-8-1953, 19 , to 11-7-57, 19 , that I last saw the deceased alive on 11-1-57, 19 , and that death occurred at 1205A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul E. [Signature]</u>	(Degree or title) <u>2nd</u>	23b. ADDRESS <u>Salem, Mo.</u>	23c. DATE SIGNED <u>11-8-57</u>
--	------------------------------	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 9 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salem Missouri</u>
--	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>11/8/57</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. L.P.M.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Warfel</u>	ADDRESS <u>Salem, Mo.</u>
--	---	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

53 000

NOV 26 1957

NOV 18 1957

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Salem, Mo

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.