

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013477
STATE FILE NUMBER

FILED APR 17 1958

Registration District No. 52 Primary Registration District No. 3,111 Registrar's No. 264

Health,
Welfare
Public
Service

300
9-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | | | |
|--|--|---|--|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Cape Girardeau</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Southeast Mo. Hosp.</u> | | | Length of stay in lb <u>7 years</u> | d. STREET ADDRESS (If outside, give location) <u>611 Themis</u> | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>None</u> Last <u>Greer</u> | | | | 4. DATE OF DEATH Month <u>April</u> Day <u>5</u> Year <u>1958</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>12-29-1881</u> | | 9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (City and state or country) <u>Diehlstadt, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u> |
| 13. FATHER'S NAME <u>Albert Greer</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Nora Low Elizabeth Foster</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 <u>Nora Greer</u> Address <u>Cape Girardeau, Mo.</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Failure</u> DUE TO (b) <u>Pulmonary Embolism</u> DUE TO (c) <u>Appendectomy</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Arteriosclerosis, generalized</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>2 hr.</u> <u>2 days</u> | |
| 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.) <u>551X</u> | | | | | | |
| 20c. TIME OF INJURY Hour a. m. p. m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from <u>April 2, 1958</u> and last saw <u>him</u> alive on <u>April 5, 1958</u> . Death occurred at <u>8:55 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>John Brown MD</u> (Degree or title) | | | | 22b. ADDRESS <u>Cape Girardeau</u> | | 22c. DATE SIGNED <u>April 7, 1958</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4-7-1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sikeston City</u> | | 23d. LOCATION (City, town, or county) <u>Sikeston, Mo.</u> | | (State) <u>1958</u> | |
| 24. FUNERAL DIRECTOR <u>Ford & Sons</u> ADDRESS <u>Cape Girardeau, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>April 12, 1958</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs. Homer E. Cooper</u> | |

APR 30 1958

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 Walter J. Ford....., Student Embalmer No. 55 working under my personal supervision..

Student Walter J. Ford.....
Signature of Student Embalmer

Signed C. J. Loberg.....
Licensed Embalmer No. 38
P. O. Address Life St. ...

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.