

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020881

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

302

300
-57

U

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

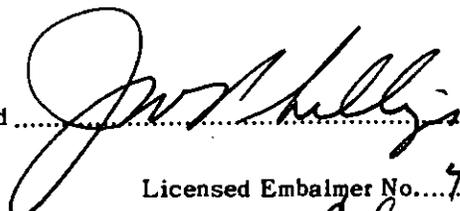
1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUCHANAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St Joseph Mo BUCHANAN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ELLIS FISCHER		Length of stay in lb 34 DAYS	d. STREET ADDRESS (If outside, give location) 1106 N 22ND ST
3. NAME OF DECEASED (Type or print) First Middle Last MARY ELLEN GREENLEE			4. DATE OF DEATH Month Day Year JULY 10 - 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOVEMBER 4, 1892
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) LAWSON, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME SAMUEL TIEGARDEN		13b. MOTHER'S MAIDEN NAME ELIZA KING	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -	17. INFORMANT HOSPITAL RECORDS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis, generalized DUE TO (b) Perforation Rectum DUE TO (c) 1810 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma, Bladder			INTERVAL BETWEEN ONSET AND DEATH 36 hr 36 hr
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year 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 St Joe Buchanan Mo
21. I attended the deceased from 6-6-58 to 7-10-58 and last saw her alive on 7-9-58 Death occurred at 5:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. Schemm M D		22b. ADDRESS State Cancer Hospital	22c. DATE SIGNED 7-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7-10-58	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) St. Joseph MO
24. FUNERAL DIRECTOR Parber Funeral Service Columbia		25. DATE RECD. BY LOCAL REG. July 10 1958	26. REGISTRAR'S SIGNATURE Mrs R E Palmer

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


Licensed Embalmer No. 4827
P. O. Address Columbia, 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.