

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039145
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 544

S. 300
1-57 1

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <i>Missouri</i> COUNTY <i>Scott</i>	
b. CITY OR TOWN <i>Cape Girardeau</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Beaufort</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>209. Meriwether</i> Length of stay in 1b <i>1 yr.</i>		d. STREET ADDRESS (If outside, give location) <i>Beaufort</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>CHARLES HENRY GREER</i>			4. DATE OF DEATH Month Day Year <i>Nov. 23, 1958</i>			
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 11, 1885</i>	9. AGE (In years last birthday) <i>73</i>	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during past working years, even if retired) <i>Street Car Conductor</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Transportation Commerce, Mo.</i>	11. BIRTHPLACE (City and state or country) <i>Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Abner Greer</i>	13b. MOTHER'S MAIDEN NAME <i>Nancy Ansell</i>	14. NAME OF HUSBAND OR WIFE <i>Mamie Smith Greer</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>493-10-9925</i>	17. INFORMANT Address <i>Mrs. Mamie Greer 209. Meriwether Cape Girardeau</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Chronic Lymphatic leukemia</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <i>Congestive heart failure</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from <i>Apr. 1956</i> to <i>Nov. 23, 1958</i> and last saw her alive on <i>11-21-58</i> Death occurred at <i>3:15 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Gordon M. Munnally, M.D.</i>	22b. ADDRESS <i>Cape Girardeau, Mo.</i>	22c. DATE SIGNED <i>11-24-58</i>
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23a. BURIAL, CREMATION, REMAINS (Specify)	23b. DATE <i>11/25/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cem</i>	23d. LOCATION (City, town, or county) (State) <i>St Louis, Missouri</i>
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FUNERAL DIRECTOR <i>Biplinghoff Funeral Home</i> ADDRESS <i>St Louis, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Nov. 24, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Homer Cooper</i>
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(Licensed Embalmer's Statement on Reverse Side)

Every coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Oliver O. Arnold*

Licensed Embalmer No. *4470*
P. O. Address *Illmo, Va*

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.