

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006378

STATE FILE NUMBER

FILED MAR 4 1959

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 58

300
1-57

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Doctor, 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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Beth Haven Nursing Home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2417 Broadway
3. NAME OF DECEASED (Type or print) First Middle Last HARRY Mellen GREENE			4. DATE OF DEATH Month Day Year February 22, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH September 20, 1871
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 5 Days 2	IF UNDER 24 HRS. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shoe Maker		10b. KIND OF BUSINESS OR INDUSTRY International Shoe	11. BIRTHPLACE (City and state or country) Mechanic Falls Maine
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Mellen Greene	
13b. MOTHER'S MAIDEN NAME Fannie Blake		14. NAME OF HUSBAND OR WIFE Lucy Seabury Greene (Deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address Dr. Harry Greene, Hannibal Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia			INTERVAL BETWEEN ONSET AND DEATH 2 days 5
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ASHD			?
DUE TO (c) Diabetes			?
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"/> 260X
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 <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 Jan -59 to 2-22-59 and last saw him alive on 2-20-59 Death occurred at 10:55 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS M. D. B & L Bldg., Hannibal, Mo.	22c. DATE SIGNED 2-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/24/1959	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park	23d. LOCATION (City, town, or county) (State) Hannibal Missouri
24. FUNERAL DIRECTOR W. Crawford Smith, Hannibal Missouri		25. DATE RECD. BY LOCAL REG. 2-27-59	26. REGISTRAR'S SIGNATURE Dr. Em. Lucke By W.P. Fisher

DATE FILED
MAR 3 1939

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 *H. Crawford Smith*
Licensed Embalmer No. 2814.....

P. O. Address Hannibal, Missouri

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.