

FILED VS SEP 15 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-028023

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. \_\_\_\_\_ Registrar's No. 90

S. 300  
7. 1-57

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

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Tarkio</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Fairfax Community INSTITUTION <u>Hospital</u>		Length of stay in lb <u>1 hr.</u>		d. STREET ADDRESS <u>0030</u> <u>4 mi N Tarkio</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>AUSTIN</u> Middle <u>L</u> Last <u>GREER</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>30</u> Year <u>1959</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>Aug. 12, 1880</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u> IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (City and state or country) <u>Rock Port, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joseph Greer</u>			13b. MOTHER'S MAIDEN NAME <u>Lydia Langston</u>			14. NAME OF HUSBAND OR WIFE <u>Estella</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>  </u>		17. INFORMANT Address <u>Mrs. Austin Greer Tarkio, 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>Coronary occlusion &amp; myocardial infarction</u> DUE TO (b) <u>Arterio-sclerotic cardiovascular disease</u> DUE TO (c) <u>  </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>						INTERVAL BETWEEN ONSET AND DEATH <u>  </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>  </u>				
20c. TIME OF INJURY Hour <u>  </u> Month <u>  </u> Day <u>  </u> Year <u>  </u> a.m. <u>  </u> p.m. <u>  </u>			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.) <u>  </u>		20f. CITY, TOWN, OR LOCATION <u>  </u>		COUNTY <u>  </u>		STATE <u>  </u>	
21. I attended the deceased from <u>10/5/53</u> to <u>8/30/59</u> and last saw him alive on <u>8/30/59</u> Death occurred on <u>10/2</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
21a. SIGNATURE <u>W. Niedermeyer, M.D.</u> (Degree or title)				21b. ADDRESS <u>Tarkio, Mo.</u>		21c. DATE SIGNED <u>9/1/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>9/1/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Centergrove Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Westboro, Mo.</u>	
24. FUNERAL DIRECTOR <u>Davis Funeral Home</u> ADDRESS <u>Tarkio, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>9/1/59</u>		26. REGISTRAR'S SIGNATURE <u>Therese H. Hester</u>		

SEP 29 1959

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 *Forest A. Browning* .....

Licensed Embalmer No. 3338 .....

P. O. Address Tarkio, 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.