

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019973

FILED VS MAY 31 1960

383

Registration District No. Primary Registration District No. 5655

Registrar's No.

34

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston Mt. Vernon		Length of stay in 1b 2015 days		c. CITY OR TOWN Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 507 Sikes		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Lowell Middle Greer Last Greer				4. DATE OF DEATH Month May Day 22 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-6-03		9. AGE (last birthday) 56		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) State Highway Department			10b. KIND OF BUSINESS OR INDUSTRY Highway		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA						
13a. FATHER'S NAME Albert Greer				13b. MOTHER'S MAIDEN NAME Nora Lowe				14. NAME OF HUSBAND OR WIFE Bettie Greer					
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. 498-34-2650		17. INFORMANT Address San. records, Mo. State San., Mt. Vernon, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Pulmonary hemorrhage										minutes			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Tuberculosis													
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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.)									
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		COUNTY		STATE					
21. I attended the deceased from 11-15-54 to 5-22-60 and last saw him alive on 5-22-60 Death occurred at 12:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Max L. Fossett</i> (Degree or title) MD.					22b. ADDRESS Mt. Vernon, Mo.					22c. DATE SIGNED 5-23-60			
23a. BURIAL CREDENTIALS REMOVAL (Specify) Removal		23b. DATE 5-23-60		23c. NAME OF CEMETERY OR CREMATORY Sikeston Cemetery			23d. LOCATION (City, town, or county) Sikeston, Missouri			23e. (State)			
24. FUNERAL DIRECTOR Max L. Fossett, Mt. Vernon, Mo.					25. DATE RECD. BY LOCAL REG. May 24-60		26. REGISTRAR'S SIGNATURE <i>Max L. Fossett</i>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max T. Fossett

Licensed Embalmer No. 4252

P. O. Address Wichita, Kan.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.