

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. MAY 24 1960

=60-020298

NDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 86

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Length of stay in 1b 6Yr.		c. CITY OR TOWN Hayti		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 708 N. 2nd			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 708 N. 2nd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Felix Middle L. Last Greenwell				4. DATE OF DEATH Month May Day 13 , 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 3-18-1901		9. AGE (last birthday) 59		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) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (City and state or country) Caruthersville			12. CITIZEN OF WHAT COUNTRY U. S. A.				
13a. FATHER'S NAME John Greenwell				13b. MOTHER'S MAIDEN NAME Mandy Teroy				14. NAME OF HUSBAND OR WIFE Eva Greenwell					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W. W. I				16. SOCIAL SECURITY NO. 489-12-8753		17. INFORMANT Address Eva Greenwell Hayti, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dead on ground - Asphyxiation From Enterohepatic Jaundice or subacute DUE TO (b) Cancer - metastatic - cerebral Disseminated Bacteremia - Septic DUE TO (c) Gas. nec. of Stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
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 Mo. Cemetery and last saw ^{here} him ^{alive} on ? Death occurred at 2:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) W. D. Hiney						22b. ADDRESS Hayti, Mo.			22c. DATE SIGNED 5-14-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-15-60		23c. NAME OF CEMETERY OR CREMATORY East Woodlawn			23d. LOCATION (City, town, or county) (State) Hayti, Missouri						
24. FUNERAL DIRECTOR Osburn Funeral Home, Hayti, Mo.				25. DATE RECD. BY LOCAL REG. 5-14-'60		26. REGISTRAR'S SIGNATURE La Kanda Adams							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 2 1960

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 James G. Johnson

Licensed Embalmer No. 4185

P. O. Address. Hayti, 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.