

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020557

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3057 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre</b>		Length of stay in 1b <b>Lifetime</b>	c. CITY OR TOWN <b>Bonne Terre</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>103 Park St</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>103 Park St</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Lillian</b> Middle <b>Pearl</b> Last <b>Greene</b>			4. DATE OF DEATH Month <b>May</b> Day <b>29</b> Year <b>1960</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-17-1897</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing Store</b>	11. BIRTHPLACE (City and state or country) <b>Bonne Terre</b>	12. CITIZEN OF WHAT COUNTRY <b>US</b>
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13a. FATHER'S NAME <b>Samuel O Nethington</b>	13b. MOTHER'S MAIDEN NAME <b>Annie Stotler</b>	14. NAME OF HUSBAND OR WIFE <b>Paul I. Greene</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>494-03-8457</b>	17. INFORMANT <b>Norma Greene</b> Address <b>Bonne Terre, Mo.</b>
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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) <b>Undifferentiated metastatic carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 mos.</b>
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 (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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 _____ a.m. _____ p.m.	Month, Day, Year _____
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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 <b>Bonne Terre, Missouri</b>	COUNTY <b>St Francois</b>	STATE <b>Mo</b>
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21. I attended the deceased from **Oct. 30, 1959**, to **May 29, 1960** and last saw her/him alive on **May 29, 1960**  
Death occurred at **12:15 p.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Jack W. [Signature]</i> (Degree or title)	22b. ADDRESS <b>Bonne Terre, Missouri</b>	22c. DATE SIGNED <b>5-31-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 1, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Francois Mem. Park</b>	23d. LOCATION (City, town, or county) (State) <b>St Francois County Mo</b>
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24. FUNERAL DIRECTOR <b>C. Z. Boyer &amp; Son</b> ADDRESS <b>Bonne Terre, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>May 31, 1960</b>	26. REGISTRAR'S SIGNATURE <i>Ethel Budloff</i>
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(Licensed Embalmer's Statement on Reverse Side)

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 Burlin T. Boyer, Jr, Student Embalmer No. 599

working under my personal supervision.

Student Burlin T. Boyer, Jr  
Signature of Student Embalmer

Signed B. T. Boyer, Jr

Licensed Embalmer No. 3660

P. O. Address Desloge, Mo.

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.