

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029404

FILED VS JUL 26 1960

360

Registration District No. _____ Primary Registration District No. 3076 Registrar's No. 146

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Vernon</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u> Length of stay in lb _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>606 South Oak Street</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> c. CITY OR TOWN <u>Nevada</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>606 South Oak Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u> Ezekiel </u> Middle <u> Harrison </u> Last <u> Greer </u>			4. DATE OF DEATH Month <u> July </u> Day <u> 1 </u> Year <u> 1960 </u>				
5. SEX <u> M </u>	6. COLOR OR RACE <u> Wh </u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u> 11-2-1865 </u>	9. AGE (last birthday) <u> 94 </u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u> Farming </u>		10b. KIND OF BUSINESS OR INDUSTRY <u> Retired </u>		11. BIRTHPLACE (City and state or country) <u> Pettis County, Missouri </u>		12. CITIZEN OF WHAT COUNTRY <u> USA </u>	
13a. FATHER'S NAME <u> Harrison Ezekiel Greer </u>			13b. MOTHER'S MAIDEN NAME <u> Unknown </u>		14. NAME OF HUSBAND OR WIFE <u> Nancy Elizabeth Greer </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> None </u>		17. INFORMANT <u> Opher Greer, 606 S. Oak, Nevada, 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> Myocarditis </u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u> sudden </u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> Advanced age </u>				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? <u> YES </u> <input checked="" type="checkbox"/> <u> NO </u> <input 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.) <u> _____ </u>					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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> Nevada, Mo </u>		COUNTY _____ STATE _____			
21. I attended the deceased from <u> 1956 </u> to <u> July 1, 1960 </u> and last saw him alive on <u> July 1, 1960 </u> Death occurred at <u> 11:40 </u> AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u> W. House, M.D. </u>			22b. ADDRESS <u> Nevada, Mo </u>		22c. DATE SIGNED <u> July 12, 60 </u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u> Burial </u>		23b. DATE <u> July 5, 1960 </u>	23c. NAME OF CEMETERY OR CREMATORY <u> Taberville Cemetery </u>		23d. LOCATION (City, town, or county) <u> Taberville Missouri </u>		
24. FUNERAL DIRECTOR <u> Ferry Funeral Home </u>			25. DATE RECD. BY LOCAL REG. <u> 7-22-1960 </u>		26. REGISTRAR'S SIGNATURE <u> Anna J. Ferry </u>		

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 L. Stephen Perry

Licensed Embalmer No. 4960

P. O. Address Nevada

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.