RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031006
STATE FILE NUMBER

FILED VS SEP 1 3 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 436

1. PLACE OF DEATH a. COUNTY: Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin — Length of stay in 1b: 67 yrs	c. CITY OR TOWN: Joplin — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Freeman Hospital — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 601 St. Charles — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: ECCLES	Middle: G.	Last: GREER	4. DATE OF DEATH: Month September Day 6, Year 1960
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 10-15-1879	9. AGE (last birthday): 80 — 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): Post Office Employee	10b. KIND OF BUSINESS OR INDUSTRY: US Postoffice	11. BIRTHPLACE (City and state or country): Chancey, Illinois	12. CITIZEN OF WHAT COUNTRY: USA	
13a. FATHER'S NAME: Richard Greer	13b. MOTHER'S MAIDEN NAME: Amy Swank	14. NAME OF HUSBAND OR WIFE: Hazel Greer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: Mrs. Hazel Greer, Joplin, Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease & — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Cardiovascular Renal Disease — 5 yrs

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Advanced Rheumatoid Arthritis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Aug 1949, to Sept 6-1960 and last saw ~~her~~ him alive on Sept 6-1960

Death occurred at 2:45 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]	22b. ADDRESS: 2125 Jackson Ave Joplin Mo	22c. DATE SIGNED: 9-6-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Sept 8-60	23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
23d. LOCATION (City, town, or county) (State): West City Mo		
24. FUNERAL DIRECTOR ADDRESS: Thornhill-Dillon Mortuary, Joplin, Mo.	25. DATE RECD. BY LOCAL REG.: 9-8-1960	26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OCT 19 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed David Dillon
Signature of Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo

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