

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040795  
STATE FILE NUMBER

LED VS NOV 3 1960  
INDEXED

Registration District No. 356 Primary Registration District No. 45-21 Registrar's No. 89

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|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Texas</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Houston</b>                         |  | Length of stay in 1b<br><b>3 days</b>   | c. CITY OR TOWN <b>Springfield,</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>Texas County Hospital</b> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <b>820 E. Stanford</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|-------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>LEXIE</b> Middle <b>EUGENE</b> Last <b>GREENWADE</b>                   |                               |   | 4. DATE OF DEATH<br>Month <b>October</b> Day <b>19,</b> Year <b>1960</b> |  |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>June 19, 1921</b>                                    | 9. AGE (last birthday) <b>39</b>                           | IF UNDER 1 YEAR<br>Months <b>4</b> Days <b>0</b> Hours <b></b> Min. <b></b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Restaurant Operator</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>   | 11. BIRTHPLACE (City and state or country) <b>Willard, Missouri</b>      |  | 12. CITIZEN OF WHAT COUNTRY <b>USA</b>                                      |
| 13a. FATHER'S NAME <b>E. E. Greenwade</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Mildred Orr</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>Frances Joyce Greenwade</b> |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)               |                               | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address <b>Mrs. Vera Payne Springfield, Mo.</b>            |  |   |

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|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b> |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.   | DUE TO (b) <b>Hypertensive Coronary arterio</b>        |  |
|  | DUE TO (c) <b>Disease &amp; Coronary Insufficiency</b> |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>                    |  | PART III. Deceased was female, was there a pregnancy in last 90 days.<br><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<br>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.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from <u>11/9/54</u> to <u>10/19/60</u> and last saw <sup>her</sup> him alive on <u>10/19/60</u> .<br>Death occurred at <u>2:30</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |

|  |                                 |   |
|--|---------------------------------|---|
| 22a. SIGNATURE <b>L. J. Burns, MD</b> (Degree or title)  | 22b. ADDRESS <b>Houston Mo.</b> | 22c. DATE SIGNED <b>10/20/60</b> (State)                        |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 23b. DATE <b>Oct. 19, 1960</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Springfield, Missouri</b> |

|   |  |  |
|---|--|--|
| 24. FUNERAL DIRECTOR ADDRESS <b>Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri</b> | 25. DATE RECD. BY LOCAL REG. <b>Oct. 26-60</b> | 26. REGISTRAR'S SIGNATURE <b>Marytie Craig</b> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 3 1960

NOV 0 1961

NOV 20 1961

STATEMENT BY LICENSED EMBALMER

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frank E. Hoos

Licensed Embalmer No. 402

P. O. Address Houston

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.

*Frank E. Hoos*