

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC-826 960

318

SL 9163

1003

3014-61-010880

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____ STATE FILE NUMBER _____

FILED APR 14 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Length of stay in lb 8 days		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1013 Ohio		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE LAST PERCY GREER				4. DATE OF DEATH Month DAY Year MARCH 28 1961					
5. SEX MALE		6. COLOR OR RACE NEGRO		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/16/95		9. AGE (last birthday) 65	
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) LABORER				10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) CONNETT, MISSISSIPPI				12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME HENRY GREER			13b. MOTHER'S MAIDEN NAME GEMINIA GREER			14. NAME OF HUSBAND OR WIFE WILLIE MAY GREER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1			16. SOCIAL SECURITY NO.			17. INFORMANT WILLIE MAY GREE (WIDOW) SEE #2 Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY TBC DUE TO (b) BRONCHIAL PNEUMONIA DUE TO (c) 002x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 1 YR 1 WK	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC HEART DISEASE						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 checked="" type="checkbox"/> NO <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.)					
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 3/20/61 to 3/28/61 and last saw him alive on 3/28/61 Death occurred at 3:25 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE LEE C. SHINE (Degree or title) M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.				22c. DATE SIGNED 3/28/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-3-61		23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.		(State)	
24. FUNERAL DIRECTOR Russell Und. Co. 2732 Pine Street				25. DATE RECD. BY LOCAL REG. MAR 30 1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jama A Carter

Licensed Embalmer No. *12345*

P. O. Address *123 Main St*

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.