

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018082

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 530

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

15117

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
R.W. Kieber, M.D. MEDICAL CERTIFICATION

FILED MAY 21 1962

1. **PLACE OF DEATH**
a. COUNTY **Buchanan**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Joseph** Length of stay in 1b **life**

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **1406 S. 30th St.** Inside Limits Yes No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Buchanan**

c. CITY OR TOWN **St. Joseph** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **1406 So. 30th** Reside on Farm Yes No

3. **NAME OF DECEASED** First Middle Last 4. **DATE OF DEATH** Month Day Year
LOUIS STEPHEN GREER **May 11, 1962**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married
Widowed Divorced 8. **DATE OF BIRTH** 9. **AGE** (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
2/15/1893 **69** Months Days Hours Min.

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **retired plumber** 10b. **KIND OF BUSINESS OR INDUSTRY** 11. **BIRTHPLACE** (City and state or country) **St. Joseph, Mo.** 12. **CITIZEN OF WHAT COUNTRY** **USA**

13a. **FATHER'S NAME** **Joseph Greer** 13b. **MOTHER'S MAIDEN NAME** **Eugenia Ussary** 14. **NAME OF HUSBAND OR WIFE** **Leona**

15. **WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) **yes W.W.#1** 16. **SOCIAL SECURITY NO.** 17. **INFORMANT** **Mrs. Leona Greer, 1406 S. 30th, St. Joseph, Mo.** Address

18. **CAUSE OF DEATH** (Enter only one cause per line) **Unattended Death - Apparently Natural Causes - Investigated by City Health Department.** PART I. **DEATH WAS CAUSED BY:** IMMEDIATE CAUSE (a) DUE TO (b) DUE TO (c) **Interval between onset and death**

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. 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** **St. Joseph** **Missouri** **Mo**

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **5:00 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22. **SIGNATURE** **Robert W. Kieber, MD City Health Officer** **St. Joseph Mo** **5-14-62** Degree _____ ADDRESS (State)

23a. **BURIAL, CREMATION, REQUIEM** (Specify) **burial** 23b. **DATE** **5/14/1962** 23c. **NAME OF CEMETERY OR CREMATORY** **Memorial Park Cemetery** 23d. **LOCATION** (City, town, or county) **St. Joseph Missouri** (State)

24. **FUNERAL DIRECTOR** **Weston Bousman** **St. Joseph, Mo.** **May 15, 1962** 25. **DATE RECD. BY LOCAL REG.** 26. **REGISTRAR'S SIGNATURE** **Mrs. Clark Goodell**

USE BLACK INK OR TYPEWRITER RIBBON

MAY 21 1962

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 Ernest Wood

Licensed Embalmer No. 3804

P. O. Address 319 50th St, Joseph, Mo

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.