

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023994

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 218 Primary Registration District No. 5789 Registrar's No. 18

FILED JUN 25 1962

VS 300  
Rev. 4/59

1 0670  
2 0670  
3 1  
4 0  
5 1  
6  
7 1  
8 2  
9 451XF  
10  
11  
12 90-0  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. James</u>		Length of stay in 1b <u>22 years</u>	c. CITY OR TOWN <u>Charleston</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 Mi. N of E.P. Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>Route 3,</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Jim Ben Greer</u>			4. DATE OF DEATH Month Day Year <u>June 9 1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-10-1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (last birthday) <u>88</u> IF UNDER 1 YEAR Months Days <u>10 29</u>
11a. FATHER'S NAME <u>William Greer</u>		11b. MOTHER'S MAIDEN NAME <u>Anna Shields</u>	11. BIRTHPLACE (City and state or country) <u>Crittton Co. Ky.</u> IF UNDER 24 HR Hours Min. <u>10 29</u>
13a. FATHER'S NAME <u>William Greer</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Shields</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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. <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Greer</u>
17. INFORMANT <u>Anna Greer, Charleston, Missouri</u>		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) <u>Ruptured Aortic aneurysm</u> DUE TO (b) <u>Aortic sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Recent heart hip - March '62</u>			18. INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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 <u>on 6/9/62</u> to <u>        </u> and last saw <u>him</u> alive on <u>6/9/62</u> Death occurred at <u>about 6:15</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. Charles Selwing md</u>		22b. ADDRESS <u>Charleston Mo</u>	
22c. DATE SIGNED <u>6/13/62</u>		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-11-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oddfellows Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>	
24. FUNERAL DIRECTOR <u>Travis Shelby, East Prairie, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-19-'62</u>	
26. REGISTRAR'S SIGNATURE <u>Gene Fitzgibbon</u>			

Burial Permit renewed 6-10-1962

**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 *Travis Shelby Jr*

Licensed Embalmer No. 21940

P. O. Address East Prairie, 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.