

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028086

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 259

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 16 1962

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Longwood Township Length of stay in lb Life
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 miles North of Sedalia Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Pettis
 c. CITY OR TOWN Houstonia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 12 Mile North of Sedalia-Hi-way65 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
JEFFERSON DAVIS GREER July 9, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-8-1862 9. AGE (last birthday) 99
 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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Pettis County 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME David Greer 13b. MOTHER'S MAIDEN NAME Orpha Swope 14. NAME OF HUSBAND OR WIFE Laura A. Donnell Greer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. Not given 17. INFORMANT Mrs. Harry Tevis, Longwood, Missouri 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) Blood stroke
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Congestive heart failure
 DUE TO (c) QSAO
 INTERVAL BETWEEN ONSET AND DEATH 5 d.
2 yr.
10 yr.

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 s.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 1954 to 7/9/62 and last saw ^{her}him alive on 7/9/62
 Death occurred at 12:40 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clavin L Lowe MD. 22b. ADDRESS Sedalia Mo 22c. DATE SIGNED 7/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 11, 1962 23c. NAME OF CEMETERY OR CREMATORY Highpoint Cemetery 23d. LOCATION (City, town, or county) Hughesville, Missouri

24. FUNERAL DIRECTOR D. W. Heckart ADDRESS Sedalia, Missouri 25. DATE RECD. BY LOCAL REG. July 10, 1962 26. REGISTRAR'S SIGNATURE Wancy Anderson, Deputy

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59
 6800
 2800
 3
 4 0
 5 2
 6
 7 0
 8 0
 9 4200
 10
 11
 12 90-0
 13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

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 John R. James Jr

Licensed Embalmer No. 5173

P. O. Address Seabrook Ms

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.