

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED DEC 26 1962

-62-047511
 STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 220

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
 Rev. 4/59

0535
2535

3
 4 1
 5 2
 6
 7 1
 8 2
97954
 10
 11
1290-8
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		Length of stay in 1b <u>3 yrs</u>	c. CITY OR TOWN <u>Lebanon</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>210 1/2 N. Jackson</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>210 1/2 N. Jackson</u>
3. NAME OF DECEASED (Type or print) First <u>Lottie</u> Middle <u>H.</u> Last <u>GreeK</u>		4. DATE OF DEATH Month <u>December</u> Day <u>15</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-12-1883</u>
9. AGE (last birthday) <u>79</u>		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and state or country) <u>Quincy, Ill</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Oscar Hickman</u>	
13b. MOTHER'S MAIDEN NAME <u>Eddie S. Knight</u>		14. NAME OF HUSBAND OR WIFE <u>Ray Greek</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Earnest Greek, Lebanon, Mo.</u>
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>Presumed to be "Natural Causes"</u>			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Was found lying in bed.</u>			
DUE TO (c) <u>Investigated by Coroner of Laclede County</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH But not related to the terminal disease condition given in PART I (a) <u>Had no attending Physician - "for several years"</u>			PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input checked="" 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 Hour _____ Month, Day, Year _____ a.m. _____ p.m.			
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 _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Hella S. May Registrar</u>		22b. ADDRESS <u>Lebanon, Missouri</u>	22c. DATE SIGNED <u>12-19-1962</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-19-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Vernon Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Douglas Oriswald, Lebanon Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-19-1962</u>	26. REGISTRAR'S SIGNATURE

JAN 4 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 James Douglas Casswell

Licensed Embalmer No. 5099

P. O. Address Lebanon 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.

Permit issued 12-19-1962 H.D.M.