

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044769  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 226 Primary Registration District No. 5800 Registrar's No. 31

FILED NOV 26 1963

VS 300  
Rev. 4/59

10690

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY Monroe  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monroe Township Length of stay in 1b --  
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Accident, On C.B.&.Q. Railroad Near City Lake Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Monroe  
c. CITY OR TOWN Monroe City Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) R.F.D.#2 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) Walter Duffield Greeves 4. DATE OF DEATH November 14, 1963

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 8/30/85 9. AGE (last birthday) 77 IF UNDER 1 YEAR Months 9 Days 16 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 General Farming 11. BIRTHPLACE (City and state or country) Ralls County Mo 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME J.T. Greeves 13b. MOTHER'S MAIDEN NAME Mary Margaret Little 14. NAME OF HUSBAND OR WIFE Nettie Myrtle McClintock

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.  17. INFORMANT Lester Greeves, Monroe City, Mo. Address tock

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Head and Body Injury INTERVAL BETWEEN ONSET AND DEATH Instant  
DUE TO (b) Car and Train at Crossing.  
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)  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.) Close Car in front of Train at Crossing

20c. TIME OF INJURY 6:16 a.m. Nov 14-63

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.) 1324 Main Street Monroe 20f. CITY, TOWN, OR LOCATION Monroe City, Missouri COUNTY Monroe STATE Missouri

21. I attended the deceased from 6:16 a.m. to  and last saw her/him alive on  on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 6:16 a.m.

22a. SIGNATURE (Degree or title) Russell M. Wilson, Coroner 22b. ADDRESS Monroe City, Missouri 22c. DATE SIGNED 11/14-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment 23b. DATE 11/16/1963 23c. NAME OF CEMETERY OR CREMATORY St. Judes, Mausoleum 23d. LOCATION (City, town, or county) Monroe City, Missouri (State)

24. FUNERAL DIRECTOR Harold V. Garner, Monroe City, Mo. ADDRESS  25. DATE RECD. BY LOCAL REG. Nov. 18-1963 26. REGISTRAR'S SIGNATURE [Signature]

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

*Harold V. Turner*

Licensed Embalmer No. 3720

P. O. Address Moore City 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.