

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20839

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 501

1. PLACE OF DEATH a. COUNTY <del>Howard</del> <i>Clinton Mo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Howard</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clinton Mo</i>		c. CITY OR TOWN <i>Urich</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Clinton Sec Hosp 1 day</i>		d. STREET ADDRESS <i>0420 0</i> (If outside, give location)	
3. NAME OF DECEASED (Type or print) <i>Albina Ellen Greenhalge</i>		4. DATE OF DEATH <i>July 1st 1957</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 5th 1872</i>
9. AGE (In years last birthday) <i>85</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
11. BIRTHPLACE (City and state or country) <i>Ohio Noble</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>W. J. Moberley</i>		14. MOTHER'S MAIDEN NAME <i>Mary Elizabeth Caldwell</i>	
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.	
17. INFORMANT <i>Mrs. Georgia Hossy Clinton Mo</i>		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) <i>Myocardial Infarction</i> DUE TO (b) <i>Atherosclerosis</i> DUE TO (c) <i>4201</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs - 5 yrs</i>
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 <i>10-22-55</i> to <i>7-1-57</i> and last saw her alive on <i>7-1-57</i> Death occurred at <i>1:45 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In full name or title) <i>W. B. Bushner, M.D.</i>		22b. ADDRESS <i>Clinton, Mo.</i>	
22c. DATE SIGNED <i>7/2/57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>July 17, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>White Oak Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>near Urich MO</i>
24. FUNERAL DIRECTOR <i>W. B. Brown, Urich MO</i>		25. DATE RECD. BY LOCAL REG. <i>7-2-57</i>	
26. REGISTRAR'S SIGNATURE <i>Mildred Bigom</i>			

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Coroner must use only standard nomenclature in Part I. The symptoms were as listed. AT

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Health,  
Welfare  
Public  
Service

1961 1 & 1001

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 *R. R. Kennedy*

Licensed Embalmer No. *309*

P. O. Address *Cleriston*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.