

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0040112

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 286 STATE FILE NUMBER

VS 300
Rev. 4/59

1 0425
2 0425
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4 1
5 2
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7 1
8 2
9 1/200
10
11
12 1-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b Years	c. CITY OR TOWN Clinton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 313 W. Franklin St.
3. NAME OF DECEASED (Type or print) First CORA Middle ESTELLA Last GREESON		4. DATE OF DEATH Month November Day 8 Year 1964	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/8/73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 91
13a. FATHER'S NAME George Thomas Fowler		13b. MOTHER'S MAIDEN NAME Editha Johnson	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Margaret Greeson, Clinton, Mo.	14. NAME OF HUSBAND OR WIFE Deceased George Greeson
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Failure - Acute & Chronic			INTERVAL BETWEEN ONSET AND DEATH 9 days
DUE TO (b) Arteriosclerosis - Nephropathy			many years
DUE TO (c) Arteriosclerotic Heart Disease			many years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Post operative Vaginal Hysterectomy 9 days			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 _____ 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 from 10-30-64 to 11-8-64 and last saw her/him alive on 11-8-64 Death occurred at 11 pm m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard H. King M.D.		22b. ADDRESS 106 S. 3rd Clinton Mo	22c. DATE SIGNED 11-9-64
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 9, 1964	23c. NAME OF CEMETERY OR CREMATORY Englewood Cem.	23d. LOCATION (City, town, or county) (State) Clinton Missouri
24. FUNERAL DIRECTOR Consalus Clinton, Mo.		25. DATE RECD. BY LOCAL REG. Nov 9, 1964	26. REGISTRAR'S SIGNATURE Waldred Biggs

USE BLACK INK OR TYPEWRITER RIBBON

