

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

28767 0043376  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 28767

VS 300  
Rev. 4/59

20425  
20420

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

<b>FILED NOV 27 1967</b>	
1. PLACE OF DEATH	
a. COUNTY <b>Henry</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clinton</b>
Length of stay in lb <b>10 days</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wetzel Hospital</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <b>Mo.</b>	b. COUNTY <b>Henry</b>
c. CITY OR TOWN <b>Brownington</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <b>Rt # 1</b>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
First <b>Claude</b>	Middle <b>Greenwell</b>
Last <b>Greenwell</b>	
4. DATE OF DEATH	
Month <b>Nov</b>	Day <b>24</b>
Year <b>1967</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/23/85</b>
9. AGE (last birthday) <b>82</b>	
IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
11. BIRTHPLACE (City and state or country) <b>St Clair Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U? S.A.</b>	
13a. FATHER'S NAME <b>Young J.C. Greenwell</b>	
13b. MOTHER'S MAIDEN NAME <b>Cynthia Ann Wilson</b>	
14. NAME OF HUSBAND OR WIFE <b>Ruby Pearl Greenwell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>495-40-4608</b>	
17. INFORMANT <b>Ruby Greenwell</b>	
Address <b>Brownington, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Medullary meningioma</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <b>myocardial infarction</b>	
DUE TO (c) <b>coronary artery disease</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)	
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 <b>11/1/67</b> to <b>11/24/67</b> and last saw <sup>her</sup> him alive on <b>11/24/67</b> Death occurred at <b>5:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>James P. Clauson D.D.</b>	
22b. ADDRESS <b>105 E. Ohio / Clinton, Mo</b>	
22c. DATE SIGNED <b>11/24/67</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>Nov. 28, 67</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Henry Co. Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Consalus Clinton, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>Nov. 25, 67</b>	
26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	

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

*J. E. Connelley*

Licensed Embalmer No. 1891

P. O. Address

*Clinton 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.