

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011955

FILED VS APR 4 1960 258

Registration District No. _____ Primary Registration District No. 5873 Registrar's No. 8

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>OREGON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>OREGON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Alton Johnson Township</u>		Length of stay in 1b _____	c. CITY OR TOWN <u>Alton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RURAL</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Johnson Township, Rural</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Chloe Angelina GREEK</u>			4. DATE OF DEATH Month Day Year <u>3 / 28 / 60</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 22 1887</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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	11. BIRTHPLACE (City and state or country) <u>OREGON, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>John McElmurry</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Braswell</u>		14. NAME OF HUSBAND OR WIFE <u>William F. GREEK</u>		
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 <u>William F. GREEK, Alton, Mo.</u> 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) Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prior, cardiac condition

DUE TO (c) Senile body changes.

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 <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. _____	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 <u>Alton</u>	COUNTY <u>Oregon</u>	STATE <u>Missouri</u>
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21. I attended the deceased from 3-28-60 to 3-28-60 and last saw her alive on _____
Death occurred at 3:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>D. W. Clark</u> (Degree or title)	D.O.	22b. ADDRESS <u>Alton, Mo.</u>	22c. DATE SIGNED <u>3-29-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>3/31/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lance Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Oregon County Mo</u>
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24. FUNERAL DIRECTOR <u>John A. Clark</u> ADDRESS <u>Alton Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4/1/60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs W C Johnson</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by or by Ernest Eugene Clary, Student Embalmer No. 602 working under my personal supervision.

Student Ernest Eugene Clary
Signature of Student Embalmer

Signed John D. Clary
Licensed Embalmer No. 4475

P. O. Address Box 398

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