

FILED OCT 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32984

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 1339

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmira 0890</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u>		b. (Middle) <u>EDWIN</u>	
c. (Last) <u>McGREGOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>April 28 1900</u>
9. AGE (In years last birthday) <u>50</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal</u>	
11. BIRTHPLACE (State or foreign country) <u>Myrtle Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Edwin McGregor</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth McMurray</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-01-6112</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Guthrie</u>		ADDRESS <u>1420 1/2 Ave. Rock Island Ill.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis chemical</u>			
INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Gastric rejection</u>	
		DUE TO (c) <u>Adeno carcinoma of stomach</u>	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.		<u>Deficient nutrition</u>	
19a. DATE OF OPERATION <u>27 Sept 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of lesser curvature of stomach</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month), (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I, hereby certify that I attended the deceased from <u>May 2 1947</u> to <u>3 Oct 1950</u> , that I last saw the deceased alive on <u>3 Oct 1950</u> , and that death occurred at <u>8:10 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Auge E. Jander</u>		23b. ADDRESS <u>Excelsior Springs Mo</u>	
(Degree or title)		23c. DATE SIGNED <u>6 Oct 1950</u>	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct 5-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Elmira</u>		24d. LOCATION (City, town, or county) (State) <u>Elmira Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/3/50</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Jarman-Richard</u>		ADDRESS <u>Lawson Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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
Student Embalmer

Signed Lindsey K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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 this body is not embalmed, fact should be so stated above.