

S. No. 300
V. 10.48

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5812 State File No. 5437

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|--|--|--|---|---|--|---|--|--|---|--|--|
| BIRTH NO. | | REG. DIST. NO. 5812 ²³¹ | | PRIMARY REG. DIST. NO. 231 | | Registrar's No. 2 | | | | | |
| 1. PLACE OF DEATH a. COUNTY Montgomery | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY Montgomery | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural | | d. STREET ADDRESS (If rural, give location) Prarire Township | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home | | | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Marling | | | b. (Middle) Everett | | c. (Last) Gregory | | 4. DATE OF DEATH (Month) (Day) (Year) 2 28 1951 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 7-17-1876 | | 9. AGE (In years last birthday) Months Days Hours Min. 74 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | | 10b. KIND OF BUSINESS OR INDUSTRY General Duty | | 11. BIRTHPLACE (State or foreign country) Montgomery Co Mo. | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME John W. Gregory | | | 13b. MOTHER'S MAIDEN NAME Virginia Marling | | | 14. NAME OF HUSBAND OR WIFE Sallie Gregory | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Mrs Sallie Gregory | | | | ADDRESS Corso Mo. | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes DUE TO (c) | | | | INTERVAL BETWEEN ONSET AND DEATH 2 year 3 year | | | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 177X | | | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 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) 2-28-51-3p | | 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>July 1, 1950</u> to <u>Feb 24, 1951</u> , that I last saw the deceased alive on <u>Feb 24, 1951</u> , and that death occurred at <u>3 p.m.</u> , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE W. W. Walls, M.D. | | | | 23b. ADDRESS Wallsville Mo. | | | 23c. DATE SIGNED 3/1/51 | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3-2-1951 | | 24c. NAME OF CEMETERY OR CREMATORY Olney Cem | | 24d. LOCATION (City, town, or county) (State) Olney Missouri | | | | | |
| DATE REC'D BY LOCAL REG. 3-2-1951 | | REGISTRAR'S SIGNATURE Joe Chapman | | | 25. FUNERAL DIRECTOR'S SIGNATURE Oland A Jones | | ADDRESS Bellflower Mo. | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 5 1951

RECEIVED

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 _____

Me

working under my personal supervision.

Student Embalmer No.

Signed

Clarence A. Jones

Signed

Student Embalmer

Licensed Embalmer No. 2978

P. O. Address. Bellflower 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.