

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1214

No. 300
10-48
FILED APR 7 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 2 1/2 years		d. STREET ADDRESS (If rural, give location) 5331 Highland	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Little Sisters of Poor			

3. NAME OF DECEASED a. (First) MRS. ELIZABETH b. (Middle) _____ c. (Last) GREGG			4. DATE OF DEATH (Month) (Day) (Year) March 15 1951		
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Oct 1 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work and address, not by working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME John Dav is		13b. MOTHER'S MAIDEN NAME Esther Cox		14. NAME OF HUSBAND OR WIFE William Gregg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sister Emalia 5331 Highland	

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) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Chr. Interstitial Nephritis the underlying cause last. DUE TO (c)		10 yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerosis		5 yrs	

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) (Min)		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 **3/19**, 19**51**, to **3/15**, 19**51**, that I last saw the deceased alive on **3/14**, 19**51**, and that death occurred at **3:30 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Joseph A. Fogarty (Name or title) D.O.		23b. ADDRESS 402 North Main St. Frankfort, Mo.		23c. DATE SIGNED 3/19/51	
24a. BURIAL CREMATION REMOVAL (Specify) 5		24b. DATE 3/19/51		24c. NAME OF CEMETERY OR CREMATORY Frankfort Kansas	
		24d. LOCATION (City, town, or county) (State) Frankfort Kansas			

DATE REC'D BY LOCAL REG. 3-19-51		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quirk + Taber 20 W. Lincoln	
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Forest D. Coldenow*

Signed.....

Student Embalmer

Licensed Embalmer No. *4714*

P. O. Address *N.C. 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.