

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 5385		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Merracmec typ		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural meremac 0830			
d. FULL NAME OF HOSPITAL OR INSTITUTION X				d. STREET ADDRESS (If rural, give location) near Turtle Mo			
3. NAME OF DECEASED (Type or Print) a. (First) Belle		b. (Middle) -		c. (Last) Gregory		4. DATE OF DEATH (Month) (Day) (Year) 3/16/52	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan 11 1878	
9. AGE (in years) 74		10. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Great Bend Kans		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Great Bend Kans		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Richard Palmer		13b. MOTHER'S MAIDEN NAME Catherine Stough		14. NAME OF HUSBAND OR WIFE Will Gregory			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Will Gregory Salem 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) Cardiovascular disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH unknown	
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)		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 6/2/49, 1949, to 2-13, 1952, that I last saw the deceased alive on 2-13, 1952, and that death occurred at 9:30 A. M., from the causes and on the date stated above.							
23a. SIGNATURE L. H. Hunt M.D. (Degree or title)				23b. ADDRESS Salem Mo		23c. DATE SIGNED 3-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/18/52		24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem		24d. LOCATION (City, town, or county) (State) Salem Mo	
DATE REC'D BY LOCAL REG. 3-29-52		REGISTRAR'S SIGNATURE M. M. Hunt, M. D. by MRS. M. E. Hunt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

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

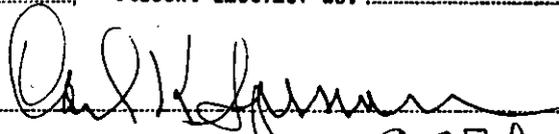
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 2370

P. O. Address Valm. 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.