

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23880

State File No. \_\_\_\_\_

**WED JUL 17 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4102 Registrar's No. 1085

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

1. PLACE OF DEATH a. COUNTY <u>Cass, Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brighton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Creighton</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Minnie Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Minnie Odell Gregg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 4 1952</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, <del>never married</del> <u>married</u>	8. DATE OF BIRTH <u>May 30, 1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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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 (State or foreign country) <u>Franklin Co, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Frank B. Nichols</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Hunt</u>	14. NAME OF HUSBAND OR WIFE <u>Alya N. Gregg</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Neita (Gregg) Keller</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4201</u>
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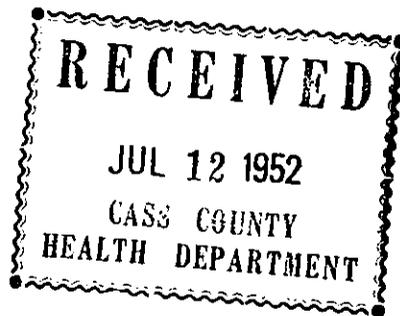
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5 Jan, 1952 to 4 July, 1952 that I last saw the deceased alive on 30 April, 1952 and that death occurred at 9:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leoburn H. Ellis M.D.</u>	23b. ADDRESS <u>Garden City Mo</u>	23c. DATE SIGNED <u>8 July 1952</u>
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24a. BURIAL (Name of place) <u>Buried July-6-1952</u>	24b. DATE	24c. NAME OF CEMETERY <u>Parker Ceme</u>	24d. LOCATION (City, town, or county) (State) <u>Near Creighton</u>
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DATE REC'D BY LOCAL REG. <u>July 7, 1952</u>	REGISTRAR'S SIGNATURE <u>Dora Barriard</u>	457-9	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Brown</u>	ADDRESS <u>Uck mo</u>
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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.

Signed R. R. Kenny.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3099.....

P. O. Address Clinton 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.