

FILED JUL 28 1952

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25487

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 234

1. PLACE OF DEATH a. COUNTY St. Francis 09410		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Madison 0621	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fredericktown	
c. LENGTH OF STAY (in this place) 16 days		d. STREET ADDRESS (If rural, give location) 306 Newberry St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Artiamiss b. (Middle) c. (Last) Gregory			4. DATE OF DEATH (Month) (Day) (Year) July 19 1952		
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5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 22, 1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 27	IF UNDER 1 HOUR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Bruno, Mo. C		12. CITIZEN OF WHAT COUNTRY? U.S. A.	

13a. FATHER'S NAME John Gunter	13b. MOTHER'S MAIDEN NAME Mary Sanders	14. NAME OF HUSBAND OR WIFE John Gregory
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Oscar Gregory, Fredericktown Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Generalized carcinomatosis.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of left breast. 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1952, to July 19, 1952, that I last saw the deceased alive on July 19, 1952, and that death occurred at 12:40 P.M. from the causes and on the date stated above.

22a. SIGNATURE Van W. Taylor, M.D.	23b. ADDRESS 33 No. Allen, Bonne Terre, Mo.	23c. DATE SIGNED 7-22-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-21-52	24c. NAME OF CEMETERY OR CREMATORY Gregory Cemetery	24d. LOCATION (City, town, or county) (State) Trace Creek (Madison Co.) Mo.
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DATE REC'D BY LOCAL REG. July 23, 1952	REGISTRAR'S SIGNATURE Catherine Randall	25. FUNERAL DIRECTOR'S SIGNATURE Najim Funeral Home	ADDRESS Fredericktown Mo.
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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 William B O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown Md

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.