

# STANDARD CERTIFICATE OF DEATH

State File No. ....

DEC 2 1952  
BIRTH NO. ... REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 3354 Registrar's No. 61

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

1. PLACE OF DEATH a. COUNTY <b>DALLAS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dallas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RED TOP, RR</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Red Top R.R.</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>1729</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>TAMSEY</b> b. (Middle) <b>CAROLINE</b> c. (Last) <b>GREGG</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11-23-1952</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5-14-1870</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>6</b>	IF UNDER 24 HRS. Days <b>9</b>	IF UNDER 24 HRS. Hours <b>9</b>	IF UNDER 24 HRS. Min. <b>9</b>
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Dallas Co Mo</b>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <b>James Hoover</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Madley</b>		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Selma Moore R.R. No 2</b>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Auricular Fibrillation</b>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congestive Heart Failure</b> DUE TO (c) <b>Atherosclerosis</b>			
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 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) <b>11500</b>	
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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 1942, to 11-23, 1952, that I last saw the deceased alive on 11-22, 1952, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>C. O. Gammann MD</b> (Degree or title)		23b. ADDRESS <b>Buffalo Mo</b>		23c. DATE SIGNED <b>11-25-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>11-25-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Red Top</b>		24d. LOCATION (City, town, or county) (State) <b>Dallas Co Mo</b>	
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DATE REC'D BY LOCAL REG. <b>11-27-52</b>		REGISTRAR'S SIGNATURE <b>Ernest Peterson</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Buffalo Mo</b>	
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**STATEMENT BY LICENSED EMBALMER**

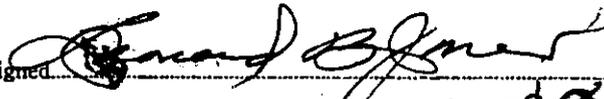
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 7508

P. O. Address Byrdland

**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.