

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38298**

S. No. 300
V. 10.48

FILED DEC 1 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>1043</u>
1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hart</u>		
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles South of Hartville</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Eliza</u> c. (Last) <u>Gregory</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 23 52</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 30, 1872</u>	
9. AGE (In years last birthday) <u>80</u>		10. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Horsewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wright County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Coven</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Baltz</u>		14. NAME OF HUSBAND OR WIFE <u>Marion S Gregory</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Della Whitteker</u> ADDRESS <u>Hartville Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> ANTECEDENT CAUSES <u>arteriosclerosis</u> DUE TO (b) <u>uncertain</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 <u>331x</u>		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 <u>11-23</u> , 19 <u>52</u> , to <u>11-23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-23</u> , 19 <u>52</u> , and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Home E. Marshall M.D.</u> (Degree or title)		23b. ADDRESS <u>Professional Bldg</u>		23c. DATE SIGNED <u>11-24-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-26 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Steele Memorial</u>
24d. LOCATION (City, town, or county) (State) <u>Hartville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Holden</u> ADDRESS <u>Hartville Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-26-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Steve A. Williams

Licensed Embalmer No. 4651

P. O. Address Hartsville 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.