

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

36232

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter Liberty Twp.</b>		c. CITY OR TOWN <b>Dexter</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 days</b>		e. STREET ADDRESS (If rural, give location) <b>103/0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Davis Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lillian</b> b. (Middle) <b>Alberta</b> c. (Last) <b>Gregory</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 9, 1954</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 4, 1901</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>housekeeper</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dexter, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>J. R. Pritchett</b>		13b. MOTHER'S MAIDEN NAME <b>Clare E. Welborn</b>		14. NAME OF HUSBAND OR WIFE <b>Dave Gregory</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>X X</b>		16. SOCIAL SECURITY NO. <b>330-12-884</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dave Gregory Dexter, Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure Generalized E. M.</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Adeno carcinoma of intestine</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 <b>159 X</b>	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) m.	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 May, 1952, to 10/9, 1954, that I last saw the deceased alive on 10/9, 1954, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>S. S. Davis M.D.</b> (Degree or title)		23b. ADDRESS <b>Highway 25 St. Rt # 4 Dexter</b>	23c. DATE SIGNED <b>10/10/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>10-9-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dexter, Mo.</b>	24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo.</b>

DATE REC'D BY LOCAL REG. <b>10-18-54</b>	REGISTRAR'S SIGNATURE <b>Valena D. Jenkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Funeral Ser. Dexter, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1030

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.....  
Signature of Student Embalmer

Signed *Mary Waters*

Licensed Embalmer No. *4717*

P. O. Address *Sevier 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.