No. 300
10-48

FILED NOV 30 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 38068

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 49

0670

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

**1. PLACE OF DEATH**
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.#2 Charleston
c. LENGTH OF STAY (in this place): 7 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, R.#2

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R. #2 Charleston
d. STREET ADDRESS (If rural, give location): R.#2 Charleston

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**3. NAME OF DECEASED** (Type or Print)
a. (First): Ulys
b. (Middle): Grant
c. (Last): Gregory

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 20, 1954

**5. SEX**: Male 2
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married 0
**8. DATE OF BIRTH**: Aug. 18, 1876
**9. AGE** (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farm Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: Farm Laborer
**11. BIRTHPLACE** (State or foreign country): Mississippi 1
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: No Record
**13b. MOTHER'S MAIDEN NAME**: No Record
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: 493-26-5815
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Roy Clark, Charleston, Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
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**: 150 X
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Nov 8, 1954, *to* Nov 20, 1954, *that I last saw the deceased alive on* Nov 20 1954, *and that death occurred at* 10:40 A.M., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): T. P. Eutas D.O. 2
**23b. ADDRESS**: Wyatt, Mo.
**23c. DATE SIGNED**: 11/20/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 11/23/54
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Grove Cemetery
**24d. LOCATION** (City, town, or county) (State): Charleston, Mo.

**DATE REC'D BY LOCAL REG.**: 11-26-54
**REGISTRAR'S SIGNATURE**: Jean Hearnes 480
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Edward E. Nunnelee
The Nunnelee Funeral Chapel
Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 26 REC'D
RECEIVED
Miss. Co. Health Dept
County File No.
Date Filed NOV 27 1954

**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 John F Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, M

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.