

FILED AUG 3- 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20941

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>212</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u> <u>0</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY OR TOWN <u>Kirksville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>309 E. Washington</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>B.</u> c. (Last) <u>Gregory</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-27-55</u>						
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>4-18-94</u>			
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerical</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clerk</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Labelle, Mo.</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Labelle, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Richard E. Gregory</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet E. Lewis</u>			
13a. FATHER'S NAME <u>Richard E. Gregory</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet E. Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>single(NONE)</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>			
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>493-28-6763</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vernon Baugus, Ft. Worth,</u>		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ductal Carcinoma of right breast</u>  ANTECEDENT CAUSES <u>DUED TO (b) with axillary involvement &amp; extention to lungs</u>  DUED TO (c) <u>extention to lungs</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months +</u>	
19a. DATE OF OPERATION <u>7-23-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Palliative radical right mastectomy</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)			
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)			
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>7/20/55</u> , 19 <u>55</u> , to <u>7/27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7/26</u> , 19 <u>55</u> , and that death occurred at <u>1:05a m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Chas. Lambert, D.O.</u>				23b. ADDRESS <u>Kirksville, Missouri</u>		23c. DATE SIGNED <u>7-28-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/29/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Labelle Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Labelle, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-31-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Randolph Davis - Kirksville Mo</u>		ADDRESS			

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

1966  
AUG 8 3 00

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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.....  
Signature of Student Embalmer

Signed *Russell D. Payne*.....

Licensed Embalmer No. *42*.....

P. O. Address *Arkness*.....

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.