FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 12526

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 135

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton, Mo. Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital #1, Fulton, Mo. Length of stay in 1b 9Y-2M-7D

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Eldridge, Mo. 0530 Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) ——— Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First PORTER Middle L. Last GREGORY
4. DATE OF DEATH Month May Day 3, Year 1956
5. SEX male
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 5, 1886
9. AGE (In years last birthday) 69
IF UNDER 1 YEAR Months 10 Days 28 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Laclede County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Gregory
14. MOTHER'S MAIDEN NAME Hester Ann Baker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) D.K. (If yes, give war or dates of service) ———
16. SOCIAL SECURITY NO. D.K.
17. INFORMANT Address Records of State Hospital #1, Fulton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease, — INTERVAL BETWEEN ONSET AND DEATH D.K.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Meningo Vascular Lues, — D.K.
DUE TO (c) ———
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Psychosis 4200B
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Sept. 17, 1953 to May 3, 1956 and last saw her/him alive on May 3, 1956
Death occurred at 10:30 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Frank J. Nichols (Degree or title) M.D.,
22b. ADDRESS State Hospital #1, Fulton, Mo.
22c. DATE SIGNED May 3, '56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-8-56
23c. NAME OF CEMETERY OR CREMATORY Lebanon City
23d. LOCATION (City, town, or county) (State) Lebanon Mo.
24. FUNERAL DIRECTOR L. R. Palmer ADDRESS Lebanon Mo.
25. DATE RECD. BY LOCAL REG. May 3-1956
26. REGISTRAR'S SIGNATURE Martha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 19 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dwight C. Browni

Licensed Embalmer No 2..

P. O. Address Fenton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.