

Dr. Tiffamy

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26745

State File No. ....

FILED AUG 20 1956

BIRTH NO. _____		REG. DIST. NO. <u>142</u>		PRIMARY REG. DIST. NO. <u>4231</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View</u>		c. LENGTH OF STAY (In this place) <u>1 year</u>		c. CITY OR TOWN <u>Eminence</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>1017</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Sysander</u> c. (Last) <u>Gregory</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 12, 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 28-1874</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Sysander Gregory</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Bell</u>		14. NAME OF HUSBAND OR WIFE <u>Dora E. Smith</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert H. Gregory Mtn View, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL ARTERIO SCLEROSIS</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>GENERALIZED ARTERIO SCLEROSIS 5 YRS</u> DUE TO (c) 2. 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>334x</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) (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 <u>JUNE 1, 1956</u> , to <u>AUG 11, 1956</u> , that I last saw the deceased alive on <u>AUG 11, 1956</u> , and that death occurred at <u>2:25</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.S. Tiffamy</u>				23b. ADDRESS <u>Mtn View, Mo.</u>		23c. DATE SIGNED <u>8-17-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-15-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Alley</u>		24d. LOCATION (City, town, or county) (State) <u>Eminence, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-17-56</u>		REGISTRAR'S SIGNATURE <u>Lawrence Mitchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncom Funeral Home Mtn View, Mo.</u>			

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.....  
Signature of Student Embalmer

Signed *J. R. Luman*

Licensed Embalmer No. *4328*

P. O. Address *Mrs. Luman*

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.