

Health,  
Welfare  
Public  
Service

300  
7-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 8 1957

STANDARD CERTIFICATE OF DEATH

5909

STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 6037 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>St. Clair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Clair</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Speedwell Twp.</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>El Dorado Springs</i> 0930 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Rt 4 Eldorado Spgs.</i> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>Rt. # 4</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <i>Aubrey D. Gregory</i> First Middle Last			4. DATE OF DEATH <i>2-28-57</i> Month Day Year		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 5, 1879</i>	9. AGE (In years last birthday) <i>77</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>retired</i>	11. BIRTHPLACE (City and state or country) <i>Montau Co. Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.a.</i>	
13. FATHER'S NAME <i>unknown</i>			14. MOTHER'S MAIDEN NAME <i>unknown</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address <i>Cora Gregory Rt. 4 Eldorado Spgs</i>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>was sudden</i>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>stroke</i>	
20c. TIME OF INJURY Hour a. m. p. m. <i>noon</i>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <i>birth all</i> to <i>death on arrival</i> and last saw <i>him</i> alive on <i>2, 28, 57</i> socially. Death occurred at <i>10:30 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>W. P. Richardson M.D.</i>	22b. ADDRESS <i>El Dorado Spgs. Rt 4</i>	22c. DATE SIGNED <i>3-1-57</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>3-3-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Union Point Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Clair Co., Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>El Dorado Spgs., Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>3-4-57</i>	26. REGISTRAR'S SIGNATURE <i>Paul S. Seavers</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 *May W. Dickering*

Licensed Embalmer No. *461*

P. O. Address *El Dorado*

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.