

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001099  
STATE FILE NUMBER

Jan 12 1959 Registration District No. 137 Primary Registration District No. 3623 Registrar's No. 3

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> 6. COUNTY <u>Henry</u>			
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Clinton #423</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Clinton General Hosp</u>			d. STREET ADDRESS (If outside give location) <u>114 E Elm</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGIA DAISY GREGORY</u>			4. DATE OF DEATH Month Day Year <u>Jan 4 1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>10-20-1879</u>	9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>14</u> IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Henry County MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lewis W Waters</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Daves</u>		14. NAME OF HUSBAND OR WIFE <u>Allen A Gregory</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT Address <u>Allen A Gregory Clinton Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u>					INTERVAL BETWEEN ONSET AND DEATH <u>ten days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331k</u>					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 only in PART I. PART II of item 18.) <b>ITEM 4 CORRECTED</b> BY AFFIDAVIT OF <u>Funeral Director</u> <u>1-19-59</u>				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 <u>25 DEC. 1958</u> to <u>4 JAN. 1959</u> and last saw her alive on <u>4 Jan 1959</u> Death occurred at <u>8</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>			22b. ADDRESS <u>Clinton, Mo</u>		22c. DATE SIGNED <u>5 Jan 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-6-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem</u>		23d. LOCATION (City, town, or county) (State) <u>Henry County MO</u>	
24. FUNERAL DIRECTOR <u>Shelby Funeral Home</u>		ADDRESS <u>Clinton MO</u>	25. DATE RECD. BY LOCAL REG. <u>1-6-59</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 27 1959

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 *F. L. Schabus* .....

Licensed Embalmer No. *4513* .....

P. O. Address *Cleveland, Ohio* .....

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.