

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012372

STATE FILE NUMBER

Health,
Welfare
Public
Service

300
-57

FULL MAY 4 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 422

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>DeKalb</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Joseph</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Clarksdale</i> <i>0320</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. Meth. Hospt.</i>		Length of stay in lb <i>4 Weeks</i>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Arch</i> Middle <i>—</i> Last <i>Gregory</i>			4. DATE OF DEATH Month <i>4</i> Day <i>23</i> Year <i>1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-30-1876</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret. Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>DeKalb Co. Mo.</i>	
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Thomas Gregory</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Bant</i>		14. NAME OF HUSBAND OR WIFE <i>X X X</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>No.</i>		17. INFORMANT Address <i>Mrs. Cecile Baker, 2312 Hoover Ave. St. Joseph, Mo.</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>subacute & chronic hepatitis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>several months</i>
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) <i>581C</i>			

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.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					

20d. INJURY OCCURRED WHILE AT <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 _____ to _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Donald J. Stallard, M.D.</i>		22b. ADDRESS <i>902 E. Linn St.</i>	
				22c. DATE SIGNED <i>4-24-1959</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>4-26-59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Independence County</i>		23d. LOCATION (City, town, or county) (State) <i>DeKalb Co. Mo.</i>	
24. FUNERAL DIRECTOR <i>W.E. Summers, Stewartsville, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>April 28, 1959</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. Clara Standell</i>	

(Licensed Embalmer's Statement on Reverse Side)

Dr. Donald J. Stallard
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 All diseases in Part I must be causally related.

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 *W.E. Gummerfeld*.....

Licensed Embalmer No. *3007*.....
P. O. Address *Stewartsville*.....

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.