

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031373

FILED VS. SEP 21 1959 10

Primary Registration District No. 3002

Registrar's No. 182

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Audrain.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Audrain.</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico, Mo.</b>		Length of stay in 1b <b>2 Wks.</b>		c. CITY OR TOWN <b>Vandalia, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Co. Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>509 W. Page.</b>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>CHAS</b> Middle <b>W.</b> Last <b>GREGORY.</b>				4. DATE OF DEATH Month <b>Sept</b> Day <b>6,</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7-10-1877</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming.</b>		11. BIRTHPLACE (City and state or country) <b>Audrain Co, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>David Gregory.</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Quintance.</b>		14. NAME OF HUSBAND OR WIFE <b>Eula Gregory.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs Eula Gregory Vandalia, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardiac failure</b> DUE TO (b) <b>myocarditis chronic</b> DUE TO (c) <b>arteriosclerosis severe</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <b>Arteriosclerosis with hypertensive changes</b>						INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b> <b>2 yrs.</b> <b>5 yrs</b>	
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.)					
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>9-30-59</b> to <b>9-6-59</b> and last saw him alive on <b>9-6-59</b> Death occurred at <b>1:30</b> <b>P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>M. D.</b>				22b. ADDRESS <b>Mexico, Mo.</b>		22c. DATE SIGNED <b>9-8-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-8-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lickcreek Cemetery.</b>		23d. LOCATION (City, town, or county) (State) <b>Perry, Missouri.</b>		
24. FUNERAL DIRECTOR <b>Clayton J. Perry, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>Sept 8 1959</b>		26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Clyde C. Mearns*

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

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.