

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022698

FILED VS JUN 27 1960 87

STATE FILE NUMBER

Registration District No. 87 Primary Registration District No. 5324 Registrar's No. 8

|   |  |   |   |   |   |  |   |   |  |
|---|--|---|---|---|---|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Crawford</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> |   |  |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Boone Twp.</u>  |  | Length of stay in 1b<br><u>13 years</u>   |   | c. CITY OR TOWN <u>Bourbon</u>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>AT Home</u>   |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |   | d. STREET ADDRESS (If outside, give location)<br><u>Stor Route</u>    |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><u>Marion Andrew Gregg</u>   |  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>June 22 1960</u>   |   |  |   |   |  |
| 5. SEX<br><u>male</u>   | 6. COLOR OR RACE<br><u>white</u>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><u>Nov 27 1904</u>  | 9. AGE (last birthday)<br><u>55</u>                                   | IF UNDER 1 YEAR<br>Months Days<br><u>6 25</u>  | IF UNDER 24 HR<br>Hours Min.<br><u>1 29</u>   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>laborer</u>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Retired</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>Bluffton Indiana</u> |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>  |   |  |
| 13a. FATHER'S NAME<br><u>Thomas Gregg</u>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Ida Morris</u>  |   |   | 14. NAME OF <del>DECEASED</del> WIFE<br><u>Louise Hinch</u>  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give wa. or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>315 20 4661</u>   |   | 17. INFORMANT<br><u>MRS Louise Gregg</u>  |   |  |   | Address<br><u>8701 RT. Bourbon, Mo.</u> |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pulmonary Hemorrhage</u>   |  |   |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>hrs</u>  |   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Erosion Pulmonary tree from metastatic CA.</u>  |  |   |   |   |   |  | <u>440</u>  |   |  |
| DUE TO (c) <u>CA of Larynx primary</u>  |  |   |   |   |   |  | <u>1 1/2 yrs</u>  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |   |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a.m. p.m.   |  |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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>Aug 59</u> to <u>21 June 60</u> and last saw her <u>him</u> alive on <u>21 June 60</u><br>Death occurred at <u>1:15 am</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   |   |   |  |   |   |  |
| 22a. SIGNATURE<br><u>Gordon W. Biffel MD</u>  |  |   |   | 22b. ADDRESS<br><u>Bourbon, MO</u>  |   | 22c. DATE SIGNED<br><u>23 June 60</u>  |   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>6-24-60</u>            | 23c. NAME OF CEMETERY<br><u>Cross Roads</u>   |   | 23d. LOCATION (City, town, or county)<br><u>Leasburg</u>  |   | 23e. STATE<br><u>MO</u>  |   |   |  |
| 24. FUNERAL DIRECTOR<br><u>Norman C. Hoener</u>   |  |   | ADDRESS<br><u>Cuba Mo.</u>  | 25. DATE RECD. BY LOCAL REG.<br><u>6/23/60</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u>  |   |   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 19 1964

**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 Herman P. Haene

Licensed Embalmer No. 4673  
P. O. Address Cuba, 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.