

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-001358

STATE FILE NUMBER

DATE AMENDED

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 19

FILED JAN 22 1962

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton			Length of stay in 1b 3 Da.		c. CITY OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Osteopathic Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 311 So. McLane St.	
3. NAME OF DECEASED (Type or print) First John Middle Albert Last Gregg						4. DATE OF DEATH Month Jan. Day 15 Year 1962	
5. SEX Male		6. COLOR OR RACE 68½ White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-4-1886	
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months 4 Days 11		IF UNDER 24 HR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Cass Co. Mo.		11. BIRTHPLACE (City and state or country) USA	
12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME Abraham Gregg				13b. MOTHER'S MAIDEN NAME Margaret Thornburg		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT A. A. Gregg Address 313 So. McLane St. Clinton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pulmonary Edema							12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Insufficiency							48 hrs
DUE TO (c) Adenocarcinoma of Prostate Gland							month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia - generalized arteriosclerosis							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 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 1-1-60 to 1-15-62 and last saw ^{her} him alive on 1-15-62 Death occurred at 6:58 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Clinton L. Glosky D.O. (Degree or Title)						22b. ADDRESS Clinton Mo.	
22c. DATE SIGNED 1/18/62 (State)							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 18, 1962		23c. NAME OF CEMETERY OR CREMATORY Parker Cemetery		23d. LOCATION (City, town, or county) Creighton, Mo.	
24. FUNERAL DIRECTOR Vansant Funeral Home, Clinton, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. JAN 19-1962		26. REGISTRAR'S SIGNATURE Mildred Bigum <i>M.B.</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

*Dr. Kloppey -
Call when read.*

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 *H. D. Vansant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton, 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.