

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048607

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 5664 Registrar's No. 86

DO NOT WRITE ON THIS STUB AMENDED

FILED JAN 7 1964

VS 300 Rev. 4/59	DATE AMENDED
0560	
20560,	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Reddish	
b. CITY (If outside corporate limits, give TOWNSHIP only) XXXX Reddish		c. CITY OR TOWN LaBelle	
Length of stay in 1b 69 Yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LOYD Middle MITCHELL Last GREGORY		4. DATE OF DEATH Month Dec Day 23 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 14 1894
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Reddish Twp. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Charles A Gregory	
13b. MOTHER'S MAIDEN NAME Lydia Calhoun		14. NAME OF MOTHER OR WIFE Thelma Gregory	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War 1-12/15/17		17. INFORMANT Address Thelma Gregory LaBelle Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. IMMEDIATE CAUSE (a) Metastasis Carcinoma Left Lung IMMEDIATE CAUSE (a) Metastasis DUE TO (b) Carcinoma Left Lung DUE TO (c) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 2 years
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from 10/20/62 to 12/23/63 and last saw him ^{alive} on 12/23/63 Death occurred at 5:00 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Waldo R. Brown MD (Degree or title)		22b. ADDRESS Knox City Mo	
22c. DATE SIGNED 12/26/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 26 1963	23c. NAME OF CEMETERY OR CREMATORY LaBelle Cemetery	23d. LOCATION (City, town, or county) Reddish Twp. Mo.
24. FUNERAL DIRECTOR W. Seeger Knox City Mo ADDRESS _____		25. DATE RECD. BY LOCAL REG. 12-31-63	26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd

(Signed Embalmer's Statement on Reverse Side)

JAN 8 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 me,

or by myself, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed J. A. [Signature]

Licensed Embalmer No. 4328

P. O. Address Labelle, Ma.

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.