

THE DIVISION OF HEALTH OF MISSOURI  
FILED AUG 24 1949 STANDARD CERTIFICATE OF DEATH

State File No. **25962**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 244

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>	c. LENGTH OF STAY (in this place) <u>3</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hosp. Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>416 - S - High</u>	

3. NAME OF DECEASED a. (First) <u>Mable</u> b. (Middle) <u>Agnes</u> c. (Last) <u>Gregory</u>	4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>14</u> (Year) <u>49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 7, 1887</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Huntsville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>George Malone</u>	13b. MOTHER'S MAIDEN NAME <u>Rennie Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>Shelton Gregory</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chas. Crist</u>	ADDRESS <u>Sioux Narrows Ontario Canada</u>
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH (seconds)  <u>586X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown, probably massive cerebral hemorrhage, secondary to</u>	DUPLICATE OF (a) <u>Antecedent causes</u>	
	DUPLICATE OF (b) <u>Malignant Hypertension</u>		
	DUPLICATE OF (c) <u>Gall-bladder disease and adhesions</u>		

19a. DATE OF OPERATION <u>8-8-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cholecystectomy (chronic inflammation) adhesions between GB and duodenum, around ileum and beneath mid line scar</u>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-4-49, 1949, to 8-14-49, 1949, that I last saw the deceased alive on 8-14-49, 1949, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Mable Laughlin</u>	(Degree or title) <u>D.O. 2</u>	23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>8-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 16, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills</u>	24d. LOCATION (City, town, or county) (State) <u>Kirksville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-15-49</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u>	ADDRESS <u>Kirksville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 22 1949

SEP 22 1949

AUG 22 1949

RECEIVED

District Health Officer No.

District File Number 8-49-14

Date Filed AUG 22 1949

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 .....  
Student Embalmer

Signed

*Robert B. Davis*

Licensed Embalmer No. 4219

P. O. Address Kiskadee, 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 this body is not embalmed, fact should be so stated above.