

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31335

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5937</u>		Registrar's No. <u>330</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Green Washington</u>		c. LENGTH OF STAY (If this place) <u>all his life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Green Washington</u>		TOWN <u>Pettis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died at Home</u>				d. STREET ADDRESS (If rural, give location) <u>7 mi South E Green Ridge</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Issac Lambert</u> b. (Middle) <u>Gregory</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 1st 1949</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 24, 1874</u>			
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>3</u>		IF UNDER 1 DAY Days <u>7</u>		IF UNDER 1 MIN. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>4 mi South Green Ridge Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Henry Gregory</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Lambert</u>			14. NAME OF MARRIED OR WIFE <u>Mrs Ozella Gregory</u>			
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. Ozella Gregory</u>			ADDRESS <u>Green Ridge Mo. P. O. 330</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia (left)</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Sept. 3, 1948</u> to <u>Oct 1, 1949</u> , that I last saw the deceased alive on <u>Sept. 23, 1949</u> , and that death occurred at <u>3:50 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. A. Hite</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>Green Ridge, Mo.</u>		23c. DATE SIGNED <u>10-1-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 21, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Green Ridge Mo</u>			
DATE REC'D BY LOCAL REG. <u>10/3/1949</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. L. Ream</u>		ADDRESS <u>Green Ridge Mo</u>			

RECEIVED OCT 10
District Health Officer No. 8,
District File Number _____
Date Filed 10-12-49

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 L. L. Beane
Licensed Embalmer No. _____

Licensed Embalmer No. 1881
P. O. Address Green Ridge 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.