

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15527

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>4472</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>miami</u>		c. LENGTH OF STAY (In this place) <u>17 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>miami</u> <u>0970</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>LLOYD</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>GREGORY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 25, 1950</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>Aug. 18, 1902</u>	
9. AGE (In years last birthday) <u>47</u>		* UNDER 1 YEAR Months <u>7</u> Days <u>7</u>		* UNDER 2 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Commercial Fisherman</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Gregory</u>			13b. MOTHER'S MAIDEN NAME <u>Emerson Murrell</u>			14. NAME OF HUSBAND OR WIFE <u>Elaine Waldman Gregory</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lloyd Gregory</u>		ADDRESS <u>miami mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma liver, General Metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157A</u>							
19a. DATE OF OPERATION <u>Jan. 27, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca. liver</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Marshall Saline MO</u>			
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 _____			
22. I hereby certify that I attended the deceased from <u>Jan 7, 1950</u> , to <u>March 25, 1950</u> , that I last saw the deceased alive on <u>March 25, 1950</u> , and that death occurred at <u>9:15 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ed. Macey M.D.</u>				23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>3-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 27, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saline County MO</u>	
DATE REC'D BY LOCAL REG. <u>3/28/50</u>		REGISTRAR'S SIGNATURE <u>Mo. Earl C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u>			
				ADDRESS <u>Marshall Mo</u>			

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

RECEIVED

District Health Officer No. 84

APR 3

District File Number

Date Filed

4-22-50

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 Joseph R. Marshall

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.