

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19106

BIRTH NO. 32258-50 REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6/56 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>James P. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>James P Rural 1040</u>	
c. LENGTH OF STAY (on this place) <u>9 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrol</u> b. (Middle) <u>Gregg</u> c. (Last) <u>Gregg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>May 2 1950</u>	9. AGE (In years, months, days) <u>9</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Stone Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Nathan Gregg</u>		13b. MOTHER'S MAIDEN NAME <u>Naomy Kelly</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nathan Gregg Reeds Spring 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>2 wks premature</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7735</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Insufficient Circulation</u> DUE TO (c) <u>Malnutrition</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2 1950 to May 2 1950, that I last saw the deceased alive on May 2 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L S Shinnate M.D.</u>		23b. ADDRESS <u>Reeds Spring Mo</u>		23c. DATE SIGNED <u>5/2/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 3 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thickerson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>S. of Reeds Spring Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 2 50</u>	REGISTRAR'S SIGNATURE <u>Lena Murray</u>	317	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Reeds Spring Mo</u>	

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

RECEIVED MAY 23 1950

District Health Office No. 6,

District File Number 550-602

Date Filed 5-24-50

STATEMENT BY LICENSED EMBALMER

not

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.

Signed _____

Everett L. Cheatham

Signed _____
Student Embalmer

Licensed Embalmer No. _____

3870

P. O. Address _____

Galena Md

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.