S. No. 300
v. 10-48

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Potter 20848

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 307

0582 1

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

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brookfield
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 131 E. Clayton St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brookfield 0582
d. STREET ADDRESS (If rural, give location) 131 E. Clayton St

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) c. (Last) McGREGOR

4. DATE OF DEATH (Month) (Day) (Year) June 11 - 1950

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan-12-1882
9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 4 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) South Wales Great Briton
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Watts
13b. MOTHER'S MAIDEN NAME Mary Stephens
14. NAME OF HUSBAND OR WIFE Duncan S. McGregor

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 ADDRESS D. S. McGregor Brookfield Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Hypertension — 9 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4202

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 20, 1941, *to* June 11, 1950, *that I last saw the deceased alive on* June 11, 1950, *and that death occurred at* 4:55p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. H. Potter 2 Dr.
23b. ADDRESS Brookfield Mo
23c. DATE SIGNED 6-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify) C
24b. DATE June-14-1950
24c. NAME OF CEMETERY OR CREMATORY Rose Hill
24d. LOCATION (City, town, or county) (State) Brookfield Mo

DATE REC'D BY LOCAL REG. 6-15-50
REGISTRAR'S SIGNATURE H. B. Erwin 167
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hill Funeral Home Brookfield Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
19 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 J. W. Blackstock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.