

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41221

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>200L</u>		Registrar's No. <u>569</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JASPER</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>JASPER</u>		b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>330 N. MOFFET</u>				d. STREET ADDRESS (If rural, give location) <u>330 N. MOFFET</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>ARTHUR</u>	b. (Middle) <u>MITCHELL</u>	c. (Last) <u>GREGG</u>	(Month) <u>DEC</u>	(Day) <u>14</u>	(Year) <u>1950</u>	MALE	6. COLOR OR RACE <u>WHITE</u>
(Type or Print)							
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 16, 1884</u>		9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PHYSICIAN</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>MEDICAL DOCTOR</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>COL. H. H. GREGG</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE MITCHELL</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. AM. GREGG</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>W. W. I.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. AM. GREGG</u> ADDRESS <u>JOPLIN, MO.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 MONTHS</u>	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Larynx @ Metastasis</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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>Pulmonary Stenosis</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) _____		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>Oct 15</u> , 19 <u>50</u> , to <u>Dec 14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 14</u> , 19 <u>50</u> , and that death occurred at <u>11:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>LaSchulte</u> (Degree or title) _____				23b. ADDRESS <u>Dr. J. B. G. Webb</u>		23c. DATE SIGNED <u>12-16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEMETERY</u>		24d. LOCATION (City, town, or county) <u>WEBB CITY MO.</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>12-18-50</u>		REGISTRAR'S SIGNATURE <u>James H. Hurlbut</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HURLBUT-GLOVER MORTUARY</u> ADDRESS <u>JOPLIN</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

495

LaSchulte

RECEIVED 12-26-50

Jasper County Health Office

County File Number 50/12/899

Date Filed 12-26-50

FEB 28 1951

JAN 26 1951

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 *Perry K. Sherbert*

Licensed Embalmer No. 959

P.O. Address *W. H. Hinson*

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.