

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29621

FILED OCT 11 1951

State File No. \_\_\_\_\_

|  |  |   |   |  |  |   |  |
|--|--|---|---|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>43</u>  |   | PRIMARY REG. DIST. NO. <u>51413</u>  |  | Registrar's No. <u>424</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><u>Rural-Gillis Bluff Twp</u>  |  | c. LENGTH OF STAY (in this place) (Specify)<br><u>30 yrs</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Gillis Bluff Twp</u>                                 |  | 8/120   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Quin, Rte. 1</u>   |  |   |   | d. STREET ADDRESS (If rural, give location)<br><u>Quin, Rte. 1</u>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>SUSIE</u>   |  |   | b. (Middle) _____                       |  |  | c. (Last) <u>GREGORY</u>  |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Sept. 26 1951</u>  |  | 5. SEX <u>Female</u>  |   | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>            |  |
| 8. DATE OF BIRTH<br><u>Aug. 10, 1874</u>   |  | 9. AGE (In years last birthday) <u>77</u>   |   | IF UNDER 1 YEAR Months <u>1</u> Days <u>16</u>   |  | IF UNDER 24 HRS. Hours _____ Min. _____   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY _____ |  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Kentucky</u>                        |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |  |   |   | 13a. FATHER'S NAME<br><u>Simeon Nichols</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Ellen Avett</u>                                     |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>Charley Gregory</u>  |  |   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>                      |  | 16. SOCIAL SECURITY NO.<br><u>none</u>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><u>Charley Gregory</u>  |  |   |   | ADDRESS<br><u>Quin, Mo. R. 1</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vasc. Renal disease</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Asthma</u> |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>SK</u>                                       |  |
| 19a. DATE OF OPERATION<br><u>none</u>  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |   |  |  | 20. AUTOPSY?<br>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)<br><u>442X</u>   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____   |  | 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>Aug 26</u> , 19 <u>51</u> , to <u>Sept 8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 8</u> , 19 <u>51</u> , and that death occurred at <u>9:45P</u> m., from the causes and on the date stated above. |  |   |   |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><u>G. Chas. Kleving MD</u>   |  |   |   | 23b. ADDRESS<br><u>Charleston, Mo</u>  |  | 23c. DATE SIGNED<br><u>9/30/51</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>Sept. 28, 1951</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Malden, Missouri</u>            |  |
| DATE REC'D BY LOCAL REG.<br><u>Oct 1 1951</u>  |  | REGISTRAR'S SIGNATURE<br><u>Tom H. Johnson</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Landess Funeral Home</u>  |  | ADDRESS<br><u>Campbell, Mo</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 10 1951

BUTLER CO. HEALTH CENTER

FILE No. 1051-444

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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 Christina M. Lenz

Licensed Embalmer No. 4327

P. O. Address Campbell, 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.