

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAR 10 1952

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>8000</u>		Registrar's No. <u>81</u>			
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>ADAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (In this place) <u>2 wks 9 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		0213			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COMM NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>1007 W. WALL</u>					
3. NAME OF DECEASED (Type or Print) <u>NETTIE</u>			a. (First)		b. (Middle)		c. (Last) <u>GREGORY</u>		
4. DATE OF DEATH		(Month) <u>2</u>		(Day) <u>27</u>		(Year) <u>52</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>July 5-1870</u>			
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Adair Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Michel</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Furnish</u>			14. NAME OF HUSBAND OR WIFE <u>D.M. Gregory</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>D.M. Gregory - Kirkville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL ANOXIA</u> <u>CONGESTIVE HEART FAILURE</u> ANTECEDENT CAUSES <u>MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.</u> DUE TO (b) <u>CARDIO-VASCULAR</u> DUE TO (c) <u>ARTERIOSCLEROTIC DISEASE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 days</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>									
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		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>2-18</u> , 19 <u>50</u> , to <u>2-27</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-27</u> , 19 <u>52</u> , and that death occurred at <u>8:42 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>M.T. Lutenshaw</u> (Degree or title)				23b. ADDRESS <u>Kirkville Mo</u>		23c. DATE SIGNED <u>2-28-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/29/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fugate</u>		24d. LOCATION (City, town, or county) (State) <u>Schuyler Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-2-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jal...</u>		ADDRESS <u>Kirkville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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

Keith Collier

Licensed Embalmer No. *3632*

P. O. Address *Ferksville 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.