

FILED MAR 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7135

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4547 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City Mo</u>	
c. LENGTH OF STAY (In this place) <u>Master of Life</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home (no address)</u>		d. STREET ADDRESS (If rural, give location) <u>No street Address</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenton</u> b. (Middle) <u>Felt</u> c. (Last) <u>Gregg</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 1 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 20-1860</u>
9. AGE (In years last birthday) <u>91</u>	10. MONTH <u>8</u>	11. DAY <u>9</u>	12. IF UNDER 1 HRS. Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	

13a. FATHER'S NAME <u>Milton Gregg</u>	13b. MOTHER'S MAIDEN NAME <u>Susana Day</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Bell Allen</u>
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. <u>None</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Hessie Garner</u>		ADDRESS <u>Colo Springs, Colo</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> ANTECEDENT CAUSES Due to (b) <u>Influenza</u> Due to (c) <u>1 week</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>481X</u>	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)	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 2-28, 1952, to 1 Mar, 1952, that I last saw the deceased alive on 1 March, 19 52, and that death occurred at 4P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank B. Madison</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Grant City, Mo</u>	23c. DATE SIGNED <u>3-3-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 3-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kirk Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Allendale Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews</u> ADDRESS <u>Grant City Mo</u>
DATE REC'D BY LOCAL REG. <u>3-4-1952</u>	REGISTRAR'S SIGNATURE <u>Reta C. Dawson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3-4

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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 _____

John Andrews
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *John Andrews*

Licensed Embalmer No. *4211*

P. O. Address *Grant City 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.