

S. No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9390

APR 8 1952

5927 State File No.

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4405 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural, Green Ridge</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Green Ridge</i>	
c. LENGTH OF STAY (in this place) <i>3 weeks</i>		d. STREET ADDRESS (If rural, give location) <i>R#1 Green Ridge</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>R#1 Green Ridge</i>		d. STREET ADDRESS (If rural, give location) <i>R#1 Green Ridge</i>	

3. NAME OF DECEASED (Type or Print) <i>NORA GREGORY</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Mar. 28, 1952</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	
8. DATE OF BIRTH <i>April 1, 1875</i>		9. AGE (In years last birthday) <i>76</i>		10. IF UNDER 1 YEAR: Days <i>11</i> Hours <i>27</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Benton County, Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Thomas Bryant</i>		13b. MOTHER'S MAIDEN NAME <i>Emma Farth</i>	
13c. NAME OF HUSBAND OR WIFE <i>Frank Gregory</i>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Otis Gregory, Green Ridge, Mo.</i>		17. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterial Sclerosis (Coronary)</i>		II. OTHER SIGNIFICANT CONDITIONS* <i>Abdominal Operations</i>		<i>19 45</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.		ANTECEDENT CAUSES		DUE TO (b)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			

19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>334X</i>		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 *Feb. 27, 1952, to March 18, 1952*, that I last saw the deceased alive on *March 5, 1952*, and that death occurred at *11:45 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J. A. Blackstone M.D.</i>		23b. ADDRESS <i>Windsor Mo.</i>		23c. DATE SIGNED <i>3-30-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3-30-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Green Ridge</i>	
24d. LOCATION (City, town, or county) (State) <i>Green Ridge Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Huston Turner Windsor, Mo.</i>		25. ADDRESS	

DATE REC'D BY LOCAL REG. <i>3/20/1952</i>		REGISTRAR'S SIGNATURE <i>A. J. Campbell</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Huston Turner Windsor, Mo.</i>	
25. ADDRESS		25. ADDRESS		25. ADDRESS	

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

APR 17 1957

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.