

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23768**

FILED JUL 29 1953

| | | | | | | | | |
|---|---------------------------|---|--|---|--|--|-----------------------------|-----------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 1 | | PRIMARY REG. DIST. NO. 3000 | | Registrar's No. 225 | | |
| 1. PLACE OF DEATH a. COUNTY Adair | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville | | c. LENGTH OF STAY (In this place) 30 yrs | | c. CITY OR TOWN Kirkville | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1302 S. Baird St | | | | e. STREET ADDRESS (If rural, give location) 1302 S. Baird St. 0013 | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lola | | b. (Middle) O. | | c. (Last) Gregory | | 4. DATE OF DEATH (Month) (Day) (Year) July 19, 1953 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH June 13, 1897 | | 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and State or Foreign Country) Adair Co., Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME R. R. Filkins | | 13b. MOTHER'S MAIDEN NAME Gertrude Stevens | | 14. NAME OF HUSBAND OR WIFE Dennis Gregory | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO | | 16. SOCIAL SECURITY NO. X | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dennis Gregory, Kirkville, Mo. | | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cecum 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. | | | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 1950 | | | | 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) (Min.) | | 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 1-10-50 , to 7-19-53 , that I last saw the deceased alive on 7-18, 1953 , and that death occurred at 6:55 A.M. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) C. K. Martindale & Co | | | | 23b. ADDRESS Kirkville, Mo. | | 23c. DATE SIGNED 7-20-53 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7/21/53 | 24c. NAME OF CEMETERY OR CREMATORY Maple Hills | | 24d. LOCATION (City, town, or county) (State) Adair Co., Mo. | | | |
| DATE REC'D BY LOCAL REG. 7-21-53 | | REGISTRAR'S SIGNATURE Wate Lambert 1-0 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. R. ... Kirkville, Mo. | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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
Signature of Student Embalmer

Signed *Richard H. Randall*

Licensed Embalmer No. *4866*

P. O. Address *Kirkville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.