

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

580 State File No. 9469

FILED APR 1 1954

BIRTH NO. _____ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 4743 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Danville Twn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Danville Twn	
c. LENGTH OF STAY (in this place) 44yr		0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) Mineola Mo	

3. NAME OF DECEASED (Type or Print)	a. (First) Claude	b. (Middle) B.	c. (Last) Gregory	4. DATE OF DEATH (Month) (Day) (Year) 3-27-54
-------------------------------------	-----------------------------	--------------------------	-----------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH II-I-1889	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	Min.
-----------------------	----------------------------------	--	--------------------------------------	--	---------------------------	--------------------------	--------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (State or foreign country) Montgomery County Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	---

13a. FATHER'S NAME James W. Gregory	13b. MOTHER'S MAIDEN NAME Sallie Bartley	14. NAME OF HUSBAND OR WIFE Anna Gregory
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Gregory	ADDRESS Mineola 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anaplastic Carcinoma of Lung		10-8-49
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis + edema DUE TO (c) II Anemia - growth		8-1-52
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. decompensated 164x			10-8-49

19a. DATE OF OPERATION 10-8-49	19b. MAJOR FINDINGS OF OPERATION Anaplastic Carcinoma - 10-8-49	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 **10-5**, 19**38**, to **3-27**, 19**54**, that I last saw the deceased alive on **3-21**, 19**54**, and that death occurred at **5 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. J. T. Andersen M.D.	23b. ADDRESS Montgomery City, Mo	23c. DATE SIGNED 3/27/54
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-28-54	24c. NAME OF CEMETERY OR CREMATORY Montgomery City	24d. LOCATION (City, town, or county) (State) Montgomery City Mo
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG 3-29-54	REGISTRAR'S SIGNATURE James O. Helm M.D.	25. FUNERAL DIRECTOR'S SIGNATURE _____	ADDRESS MONTGOMERY CITY MO
---	--	--	--------------------------------------

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

No. 300
10-48

STATEMENT BY LICENSED EMBALMER

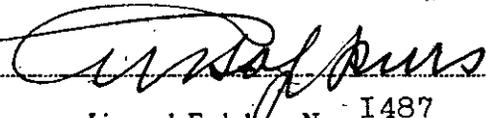
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~on~~^{XXX} ~~the~~^{XX} ~~day~~ of March 1954

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 1487

P. O. Address Montgomery 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.