

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38251

State File No.

FILED NOV 29 1954

REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 408

2829

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>408</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>					
b. CITY OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>30 days</u>		c. CITY OR TOWN <u>Sedalia</u>		0804			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 East 7th</u>				d. STREET ADDRESS (If rural, give location) <u>1624 South Moniteau</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUISE</u>		b. (Middle) _____		c. (Last) <u>GREGORY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1954</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 12, 1881</u>			
9. AGE (in years last birthday) <u>73</u>		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) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>home-making</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Cole County, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>James McDowell</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Walker</u>		14. NAME OF HUSBAND OR WIFE <u>William H. Gregory</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clint Gregory, 618 E. 14th</u>				ADDRESS <u>Sedalia, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>						<u>Yes</u>	
		ANTECEDENT CAUSES							
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Carcinoma of the stomach.</u></p> <p>DUE TO (c) _____</p>							
II. OTHER SIGNIFICANT CONDITIONS						<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) <u>151 X</u>					
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 <u>2-4</u> , 1954, to <u>11-20</u> , 1954, that I last saw the deceased alive on <u>11-20</u> , 1954, and that death occurred at <u>11:50 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Chas Gordon Deupucher M.D.</u>				23b. ADDRESS <u>Sedalia, Missouri</u>				23c. DATE SIGNED <u>11-22-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/23/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11/23/54</u>		REGISTRAR'S SIGNATURE <u>Lavona Coontz</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Opithellum Purcell</u>		ADDRESS <u>Sedalia, Mo.</u>			

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Redalia 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.