

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15461

State File No.

FILED MAY 24 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1911

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 20 yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION 2627 Wabash		STREET ADDRESS (If rural, give location) 2627 Wabash	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) Gregg		4. DATE OF DEATH (Month) (Day) (Year) April 27, 1955	
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 8, 1909
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during past 12 months, or marking life, even if retired) executive		10b. KIND OF BUSINESS OR INDUSTRY insurance	11. BIRTHPLACE (City and State or Foreign Country) Marion, South Carolina
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Nathaniel Gregg	
13b. MOTHER'S MAIDEN NAME Minnie Brightwell		14. NAME OF HUSBAND OR WIFE Glennie Gregg	
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. unk	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glennie Gregg 2627 Wabash
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) Cardiac Arrest ANTECEDENT CAUSES DUE TO (b) Anoxemia DUE TO (c) Multiple Myeloma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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>Jan. 11</u> , 19 <u>55</u> , to <u>Apr. 27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>April 27</u> , 19 <u>55</u> , and that death occurred at <u>5 P.m.</u> , from the causes and on the date stated above.			23c. DATE SIGNED Apr. 29, 1955
23a. SIGNATURE P. C. Turner MD (Degree or title)		23b. ADDRESS 1433 E. 19th St.	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)	24b. DATE May 2, 1955	24c. NAME OF CEMETERY OR CREMATORY Lincoln	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
DATE REC'D BY LOCAL REG. 5-2-55 newa		REGISTRAR'S SIGNATURE newa	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wattson Bros. Funeral Home 18th Benton

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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..... *Bruce R. Watkins*

Licensed Embalmer No..... *45*

P. O. Address..... *18th St*

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.