

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22881**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **215**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital		e. STREET ADDRESS (If rural, give location) 328 Cypress, 26 4/5	

3. NAME OF DECEASED (Type or Print) a. (First) Lottie b. (Middle) B. Aubrey c. (Last) Gregory			4. DATE OF DEATH (Month) (Day) (Year) 7-27-1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 8/9/1894		9. AGE (In years last birthday) 60		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John A. Dennison		13b. MOTHER'S MAIDEN NAME Margaret Corbin		14. NAME OF HUSBAND OR WIFE Walter Gregory	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Gregory, 328 Cypress,	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. Hannibal, Mo.		INTERVAL BETWEEN ONSET AND DEATH 60 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute septal myocardial infarction		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201			
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) _____		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 **7-25-55**, 19____, to **7-27-55**, 19____, that I last saw the deceased alive on **7-27-55**, 19____ and that death occurred at **11:35 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R M Strong MD		23b. ADDRESS 115 N. 5th St. Hannibal, Mo.		23c. DATE SIGNED 7-29-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/30/1955		24c. NAME OF CEMETERY OR CREMATORY GrandView Burial Park, Hannibal, Mo.	
24d. LOCATION (City, town, or county) (State) _____					

DATE REC'D BY LOCAL REG. 8-1-55		REGISTRAR'S SIGNATURE Dr. Em. Lutz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Michael J. O'Donnell Hannibal Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 8 - 1955
MARION CO. HEALTH DEPT.
DATE FILED AUG 8 - 1955

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 *Michael J. O'Honnell*

Licensed Embalmer No. 3248

P. O. Address *Hannibal*

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.