

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36370
 BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 451 Registrar's No. 40

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STEELVILLE</u> | | c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>STEELVILLE</u> | |
| c. LENGTH OF STAY (In this place) <u>18 mos.</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|-------------------------------|---|--|---|---|------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>EDDITH</u> c. (Last) <u>GREGORY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15-1955</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>JUNE 10-1896</u> | 9. AGE (In years last birthday) <u>59</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Mins. |
| 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 | 11. BIRTHPLACE (City and State or Foreign Country) <u>DAVISVILLE, MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>ISAAC HANSON</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY ELIZABETH HUITT</u> | | 14. NAME OF HUSBAND OR WIFE <u>GEORGE 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 ADDRESS <u>GEORGE GREGORY-STEELVILLE, MO.</u> | |

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|--|---|--|--|
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Collapse</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hr.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Failure</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7.82.4</u> | | | |

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|--|--|--|--|--|--|
| 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) (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 Nov. 15, 1955, to Nov. 15, 1955, that I last saw the deceased alive on Nov. 15, 1955, and that death occurred at 3:35 A.M., from the causes and on the date stated above.

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|---|--|---|--|--|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.D.</u> | | 23b. ADDRESS <u>Steelville Mo</u> | | 23c. DATE SIGNED <u>11/18/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>11-17-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>CHERRYVILLE CEMETERY</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>CHERRYVILLE, MO.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>STEELVILLE, MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>11/18/55</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

NOV 25 1954

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 Thomas J. Albert

Licensed Embalmer No. 4332

P. O. Address STEELVILLE, 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.