

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40585

State File No.

5183

FILED DEC 28 1955

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

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) 4 yrs	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Queen of World Hospital		e. STREET ADDRESS (If rural, give location) 2632 Agnes	

3. NAME OF DECEASED (Type or Print) a. (First) Nannie	b. (Middle)	c. (Last) Gregory	4. DATE OF DEATH (Month) (Day) (Year) Nov 26, 1955
---	-------------	--------------------------	--

5. SEX 3 female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 12, 1887	9. AGE (In years) (Month) (Day) 68 6 8	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Mins.
------------------------	-------------------------------	--	---	--	------------------------	------------------------	-------

10a. USUAL OCCUPATION (Give kind of work done during most of life or if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City, town, or county; or foreign Country) Howard County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	---	--

13a. FATHER'S NAME William Isaacs	13b. MOTHER'S MAIDEN NAME Maggie Hergins	14. NAME OF HUSBAND OR WIFE Julius A. 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 Julius A. Gregory	ADDRESS 2632 Agnes
---	--------------------------------------	---	------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH 170x
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Syemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinoma of the Breast DUE TO (c) = Metastasis to Lungs		
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 6-23-55 to 11-26-55, that I last saw the deceased alive on 11-26-55, and that death occurred at 2:45 pm from the causes and on the date stated above.

23a. SIGNATURE Royall B. Fleming, M.D.	(Degree or title) ^D	23b. ADDRESS 1433 E - 19th	23c. DATE SIGNED 11-28-55
--	--------------------------------	--------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec. 1, 1955	24c. NAME OF CEMETERY OR CREMATORY Lincoln	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
--	----------------------------------	--	--

DATE REC'D BY LOCAL REG. 11-29-55	REGISTRAR'S SIGNATURE neva munsell	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros - 18th & Benton	ADDRESS
---	--	---	---------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Royall B. Fleming

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.....

Licensed Embalmer No.....

P. O. Address.....

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.