No. 300
10-48

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8110

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 278

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 418 South 9th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ XX
e. STREET ADDRESS (If rural, give location): 418 South 9th Street

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3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): M.
c. (Last): GREGORY

4. DATE OF DEATH (Month) (Day) (Year): MARCH 6, 1956

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Sept. 28, 1877
9. AGE (In years last birthday): 78 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and State or Foreign Country): Clinton County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel Wills
13b. MOTHER'S MAIDEN NAME: Julia Laffoon
14. NAME OF HUSBAND OR WIFE: William B. Gregory

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Bernice Summerfield Stewartsville Mo

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): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): signed as an unattended death
DUE TO (c): in the city of St. Joseph

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: 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* viewed Mar 6 1956, *to* _____, 19___, *that I* ~~last saw~~ have never seen *the deceased alive on* _____, 19___, *and that death occurred at* 2:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard L. Maguin MD assistant city health officer
23b. ADDRESS: Phy & Surg Bldg., St. Joseph, Mo.
23c. DATE SIGNED: 3-6-56

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Mar 9, 1956
24c. NAME OF CEMETERY OR CREMATORY: Stewartsville Cemetery
24d. LOCATION (City, town, or county) (State): Stewartsville, Mo.

DATE REC'D BY LOCAL REG.: Mar 14, 1956
REGISTRAR'S SIGNATURE: Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Barry-Harman Funeral Home, St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

85-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3007

P. O. Address Stewartsv

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.