

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14131

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 2048 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Maryville</u> )	c. LENGTH OF STAY (in this place) township) <u>10 hrs</u>	c. CITY OR TOWN <u>Guilford</u>	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 <u>St Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>140</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Quincy</u> b. (Middle) <u>S nate</u> c. (Last) <u>Gregory</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-12-56</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-25-1907</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Resturant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Resturant-owner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>King City, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Arthur Gregory</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Fern 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>498-40-6322</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Fern Gregory-Guilford, Mo</u>	

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			INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis, Rt. lung</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchogenic Carcinoma (suspected)</u> DUE TO (c) <u>unknown</u>			Months <u>months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Debilitation</u>					Weeks <u>Weeks</u>
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 April 8, 1956, to April 12, 1956, that I last saw the deceased alive on 4-11, 1956, and that death occurred at 12:24 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Albert K. Carlin M.D.</u>		23b. ADDRESS <u>Shawberry, Mo</u>		23c. DATE SIGNED <u>4-15-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-15-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graves Cem-</u>	
24d. LOCATION (City, town, or county) (State) <u>Guilford Mo-</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Stinson Maryville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-21-56</u>		REGISTRAR'S SIGNATURE <u>Beas 10/11</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *G. M. Litcher*

Licensed Embalmer No... *224*

P. O. Address *Marysville*

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.