Health, Welfare Public Service

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FILED AUG 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 22727

Registration District No. 10 Primary Registration District No. 4021 Registrar's No. 144

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Laddonia — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Brittons Nursing Home — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Audrain
c. CITY OR TOWN: Vandalia 004 D — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 405 East State — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary Middle: Mazelia Last: Gregg

4. DATE OF DEATH: Month: July Day: 23 Year: 1956

5. SEX: Female 6. COLOR OR RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 8. DATE OF BIRTH: Feb 14, 1871 9. AGE (In years last birthday): 85 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: Farm 11. BIRTHPLACE (City and state or country): Plainville, Illinois 12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: George W. Lester 14. MOTHER'S MAIDEN NAME: Mary Campbell

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.: 17. INFORMANT: Lester Gregg Address: Vandalia, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocarcarditis — INTERVAL BETWEEN ONSET AND DEATH: Chronic
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — Chronic
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4221

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 21-56 to 7-23-56 and last saw her ~~him~~ alive on 7-23-56
Death occurred at Laddonia Mo. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W K McCall M D 22b. ADDRESS: Laddonia Mo. 22c. DATE SIGNED: 7-24-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial 23b. DATE: July 25, 1956 23c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetery 23d. LOCATION (City, town, or county) (State): Vandalia, Missouri

24. FUNERAL DIRECTOR: William B Waters ADDRESS: Vandalia, Mo 25. DATE RECD. BY LOCAL REG.: July 25-1956 26. REGISTRAR'S SIGNATURE: Blanche Neely

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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B. Water

Licensed Embalmer No. 41

P. O. Address Vandal

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