

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37364**

FILED NOV 30 1956

BIRTH NO. _____ REG. DIST. NO. 79 PRIMARY REG. DIST. NO. 3014 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>Liberty</u>		c. LENGTH OF STAY (In this place) <u>3 yrs</u>	c. CITY OR TOWN <u>Liberty</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>616 Ridgeway</u>		e. STREET ADDRESS (If rural, give location) <u>616 Ridgeway</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MILLARD</u>	b. (Middle) <u>P.</u>	c. (Last) <u>GREGG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22-56</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 3-1869</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Days	IF UNDER 24 Hrs. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wardo Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Gregg</u>	13b. MOTHER'S MAIDEN NAME <u>Augusta Westcott</u>	14. NAME OF HUSBAND OR WIFE <u>Wife</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ma Lester Stabene, Liberty Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Congestion</u> DUE TO (c) <u>Previous Cerebral Embolus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Previous Cerebral Embolus 1 yr</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 16, 1956, to Nov 22, 1956, that I last saw the deceased alive on Nov 20, 1956, and that death occurred at 8:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>James S. Thilloughly, M.D.</u>	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>11-23-56</u>
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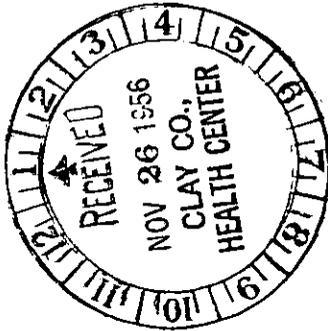
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov. 22-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wardo</u>	24d. LOCATION (City, town, or county) (State) <u>Wardo Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-24-56</u>	REGISTRAR'S SIGNATURE <u>Ma. L. Stabene</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Owen Co. Liberty Mo</u>	ADDRESS
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

6-21
1-1

71-0



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. 4448
P. O. Address Liberty, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.