

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39023**

FILED NOV 28 1956

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **161**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana	c. LENGTH OF STAY (in this place) 8 days	c. CITY OR TOWN Bowling Green	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pike County Hospital		e. STREET ADDRESS (If rural, give location) RFD #3	

3. NAME OF DECEASED (Type or Print) a. (First) Gregory b. (Middle) Francis c. (Last) Korte	4. DATE OF DEATH (Month) (Day) (Year) 11-13-56
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never mar.	8. DATE OF BIRTH 8-9-55	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Hours 4	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Pike County Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Edmond H. Korte	13b. MOTHER'S MAIDEN NAME Celest Schroeder	14. NAME OF HUSBAND OR WIFE none
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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 ADDRESS Edmond H. Korte Bowling Green, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Profound Primary Shock		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Poisoning DUE TO (c) 1) Fluid Degree Burns 12 days 2) overwhelming Virus Infection		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Agnesia of Adrenal Medulla		

19a. DATE OF OPERATION 11-13-56	19b. MAJOR FINDINGS OF OPERATION Debridement of Burns	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bowling Green, Pike, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-1-56	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Hot grease
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22. I hereby certify that I attended the deceased from **11-4**, 19**56**, to **11-13**, 19**56**, that I last saw the deceased alive on **11-13**, 19**56**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. Martin, M.D.	23b. ADDRESS Louisiana, Mo.	23c. DATE SIGNED 11-19-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-14-56	24c. NAME OF CEMETERY OR CREMATORY St. Clement Cemetery	24d. LOCATION (City, town, or county) (State) St. Clement Missouri
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DATE REC'D BY LOCAL REG. Nov 19, 1956	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. G. Mull Bowling Green, Mo.
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WRITE PLAINLY—USING UNFAADING 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 *James O. Mudd*.....
Licensed Embalmer No. *415*.....

P. O. Address *Bowling Green*.....

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.