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 Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms with autopsy. 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

FILED JAN 23 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **3538**
 Registrar's No. **9**

Registration District No. **366** Primary Registration District No. **6243**

1. PLACE OF DEATH a. COUNTY <i>Washington</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rural Liberty Twp</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Rural</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Potosi</i>		Length of stay in lb <i>2 years</i>	d. STREET ADDRESS (If outside, give location) <i>8 mi. N. W.</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Albert</i> Middle <i>Earl</i> Last <i>Gregory</i>			4. DATE OF DEATH Month <i>Jan.</i> Day <i>14</i> Year <i>1957</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 2 1902</i>	9. AGE (In years last birthday) <i>54</i>	IF UNDER 1 YEAR Months <i>11</i> Days <i>12</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Hammer Worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (City and state or country) <i>Washington Co. Mo.</i>	
13. FATHER'S NAME <i>George Gregory</i>			14. MOTHER'S MAIDEN NAME <i>Eddy Matchell</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mary Giffin Millstadt</i> Address <i>Ill.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Unknown but probably cancer of lung; Pt. was discharged from Mt. Vernon, Mo. 12/8/56 with diagnosis of Bronchogenic CA of rt. lung, inoperable, with metastasis to diaphragm, mediastinum & pericardium.</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>12/8/56 with diagnosis of Bronchogenic CA of rt. lung, inoperable, with metastasis to diaphragm, mediastinum & pericardium.</i>					
DUE TO (c) <i>to diaphragm, mediastinum & pericardium.</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>No medical attention after return to home.</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <i></i> Month <i></i> Day <i></i> Year <i></i> a. m. <i></i> p. m. <i></i>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ to _____ and last saw her/him alive on _____ Death occurred at <i>6:30 P. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Albert Krudak</i> Local Registrar			22b. ADDRESS <i>912 Richeson Rd. Potosi, Mo.</i>		22c. DATE SIGNED <i>1/22/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>1-16-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Palmier Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Washington Co. Mo.</i>
24. FUNERAL DIRECTOR <i>Mrs. Luther Sparks Potosi, Mo.</i> ADDRESS			25. DATE RECD. BY LOCAL REG. <i>1/21/57</i>		26. REGISTRAR'S SIGNATURE <i>Albert Krudak</i>

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1957

RECEIVED

JAN 22 1957

WASH. COUNTY HEALTH DEPT.

File No. _____

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 *Wm. J. Sparks*.....

Licensed Embalmer No. *1234*

P. O. Address *Sparks*.....

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.