

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014611  
STATE FILE NUMBER

FILED MAY 8 1958

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY Jackson (Blue)		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson 7000	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 922 N. Cedar		d. STREET ADDRESS (If outside, give location) 922 N. Cedar	
Length of stay in lb 8 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Mary Addie Mae Gregory			4. DATE OF DEATH Month Day Year April 28 - 58		
5. SEX Fe 1	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-2-1889	9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaker	11. BIRTHPLACE (City and state or country) Bates Co. Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Alonzo H. West		13b. MOTHER'S MAIDEN NAME Sarah E. Scribner		14. NAME OF HUSBAND OR WIFE James A. Gregory (deceased)	
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. NONE		17. INFORMANT Mrs Doris Stiverson, Address 222 N. Cedar K.C. Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Insufficiency			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis			
DUE TO (c) Chronic Nephritis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592X			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 Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <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.) April 28, 1958		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at 8:30 A.M.		December 1, 1943		and last saw her alive on April 28, 1958	
22a. SIGNATURE Carl T. Moore (Degree or title) 2		22b. ADDRESS 6425 E 274 K.C. 29, Mo		22c. DATE SIGNED 4-28-58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-28-58		23c. NAME OF CEMETERY OR CREMATORY Scott Cemetery		23d. LOCATION (City, town, or county) (State) Amsterdam, Mo.	
---------------------------------------------------	--	-------------------	--	---------------------------------------------------	--	--------------------------------------------------------------	--

24. FUNERAL DIRECTOR Archer Mangold, ADDRESS Amsterdam, Mo.		25. DATE RECD. BY LOCAL REG. 4-28-58		26. REGISTRAR'S SIGNATURE [Signature]	
-------------------------------------------------------------	--	--------------------------------------	--	---------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 22 1958

MAY 22 1958

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 ..... *Robert L. Mangold*

Licensed Embalmer No. *4972*

P. O. Address *La Crosse, Wisc.*

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.