

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020983

STATE FILE NUMBER

708

Health,
Welfare
Public
Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

37320-58
FILED JUL 7 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 708

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St Joseph Mo Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St Joseph Mo 0117 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph's Hospital Length of stay in lb		d. STREET ADDRESS 1418 W 40 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Cheryl Ann Gregory		4. DATE OF DEATH Month Day Year July 1-1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 1, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or country) St Joseph, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME P. Lee Gregory	
14. MOTHER'S MARRIAGE NAME Dela Joanne Wessmyer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Dela Gregory Address 1410 W 40	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity - DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH 776 X
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 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 7/1/58 to 7/1/58 and last saw her/him alive on 2/1/58 Death occurred at 11:00am on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Charles T. Shubin, M.D.		22b. ADDRESS 902 Edward St.	
22c. DATE SIGNED 7/1/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7/2/1958		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
23d. LOCATION (City, town, or county) St Joseph Mo.		23e. STATE	
24. FUNERAL DIRECTOR Weston Soumerai		25. DATE REC'D BY 1958 July 1, 1958	
ADDRESS St Joseph, Mo		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

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 *John V. Herrick, Jr.*.....

Licensed Embalmer No. *48*.....

P. O. Address *P. O. Box 10*.....

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.