

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028487  
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 55 Primary Registration District No. 5209 Registrar's No. 68

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1-57  
0170  
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1. PLACE OF DEATH a. COUNTY <b>CARROLL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CARROLL</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bogard MO</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Bogard MO</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Leslie Sup</b> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>HESLEY Township</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>D. WILLIAM GREGG</b>			4. DATE OF DEATH Month Day Year <b>AUG 31-1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 29-1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER RET.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	11. BIRTHPLACE (City and state or country) <b>MISSOURI 0</b>
13a. FATHER'S NAME <b>HAMILTON Gregg</b>		13b. MOTHER'S MAIDEN NAME <b>JANIE Minnis</b>	14. NAME OF HUSBAND OR WIFE <b>FANNIE Gregg second</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT Address <b>Lloyd Gregg Bogard MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cerebral Arteriosclerosis</b> DUE TO (c) <b>Generalized Arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b> <b>many years</b> <b>many years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>332X</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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.) <b>---</b>	
20c. TIME OF INJURY . Hour . Month, Day, Year a.m. p.m. <b>---</b>		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.) <b>---</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>---</b>	
21. I attended the deceased from <b>295 1950 A.</b> to <b>Aug 31, 1958</b> and last saw her alive on <b>Aug 26, 1958</b> Death occurred at <b>295 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. S. Goldbey M.D.</b>		22b. ADDRESS <b>Blayne, Mo.</b>	
22c. DATE SIGNED <b>9/1/58</b>			
23a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>SEPT. 2-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>EMON.</b>		23d. LOCATION (City, town, or county) (State) <b>Dawn MO</b>	
24. FUNERAL DIRECTOR ADDRESS <b>DICKERSON FUNERAL HOME Bogard MO</b>		25. DATE RECD. BY LOCAL REG. <b>9-2-58</b>	
26. REGISTRAR'S SIGNATURE <b>Tom Herbert Carter</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Secretary, Missouri State Health Department, St. Louis, Missouri. All diseases in Part I must be causally related. No symptoms will be listed.

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 ..... *R. M. Mersha Jr*

Licensed Embalmer No. *4469*

P. O. Address *Carrollton*

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.