

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029557  
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 178 Primary Registration District No. 4284 Registrar's No. 50

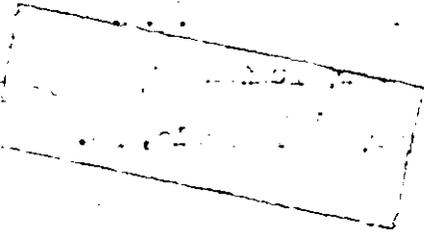
S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>La Belle</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>La Belle</b> <b>0560</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <b>Life</b>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Charles Sherwood Gregory</b>			4. DATE OF DEATH Month <b>August</b> Day <b>18</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 28, 1889</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>20</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retire</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>La Belle, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Charles Griffin Gregory</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Hawkins</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Louisa</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>494-03-7802</b>	17. INFORMANT Address <b>Mrs. Charles Gregory La Belle, 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>Coronary Thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<b>4201</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 _____ a.m. _____ p.m. _____ Month _____ Day _____ Year _____		<b>La Belle Lewis Mo Mo</b>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>Provisional</b> and last saw her alive on <b>15<sup>th</sup> of Aug 1958</b> Death occurred at _____ in on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>W. V. Coater DO 2</b>			22b. ADDRESS <b>La Belle Mo</b>		22c. DATE SIGNED <b>8-20-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/21, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>La Belle Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>La Belle, Missouri</b>
24. FUNERAL DIRECTOR <b>Gloder J. LaBelle, MD</b> (Licensed Embalmer's Statement on Reverse Side)		25. DATE RECD. BY LOCAL REG. <b>8-23-'58</b>		26. REGISTRAR'S SIGNATURE <b>P. W. Jennings, M.D.</b> <b>E.L.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 4 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 myself, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Glader Jr. .....

Licensed Embalmer No. 4328

P. O. Address Labella, Mo

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.