

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029922

STATE FILE NUMBER

FILED AUG 27 1958

Registration District No. 277

Primary Registration District No. 5949

Registrar's No. 44

5. 300
1-57
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1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CUivre		c. CITY OR TOWN BOWLING GREEN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) R.F.D. 1	
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD L. GREGORY		4. DATE OF DEATH Month Day Year AUG 15 1958	
5. SEX M O W	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 26, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MONTGOMERY Co., Mo
13a. FATHER'S NAME JOHN GREGORY		13b. MOTHER'S MAIDEN NAME JENNIE MARLING ETHEL	14. NAME OF HUSBAND OR WIFE ETHEL GREGORY
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. YES	17. INFORMANT Address ETHEL GREGORY, BOWLING GREEN 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) Coronary Occlusion DUE TO (b) Mgocarditis; Atherosclerosis DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			INTERVAL BETWEEN ONSET AND DEATH 10 Months 5 yrs
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1950 to 8-15-58 and last saw him alive on 8-12-58 Death occurred at 5:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. M. [Signature]		22b. ADDRESS Bowling Green Mo	22c. DATE SIGNED 8-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG 17, 1958	23c. NAME OF CEMETERY OR CREMATORY BOWLING GREEN	23d. LOCATION (City, town, or county) (State) BOWLING GREEN Mo
24. FUNERAL DIRECTOR GRACE BANKHEAD, Bowling Green Mo		25. DATE RECD. BY LOCAL REG. 8-20-58	26. REGISTRAR'S SIGNATURE Bill Robinson

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 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 *Harold P. Kiper*

Licensed Embalmer No. *4597*
P. O. Address *Baltimore*

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.