

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036165

STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 916

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		c. CITY OR TOWN <u>Creighton</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Netzel Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Creighton Mo</u>	
3. NAME OF DECEASED (Type or print) First <u>SUSAN</u> Middle <u>LYNNE</u> Last <u>GREGG</u>		4. DATE OF DEATH Month <u>11</u> Day <u>1</u> Year <u>58</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-1-58</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. AGE (In years last birthday) Months <u>1</u> Days <u>32</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11a. BIRTHPLACE (City and state or country) <u>Clinton, Mo.</u>		11b. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
12a. FATHER'S NAME <u>Roy E. Gregg</u>		12b. MOTHER'S MAIDEN NAME <u>Betty Jo Dody</u>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. NAME OF HUSBAND OR WIFE <u>Roy E. Gregg</u>	
15. SOCIAL SECURITY NO.		16. ADDRESS <u>Creighton Mo.</u>	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>congenital cardiac malformation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>congenital malformation of R. mandible &amp; clubbing of R &amp; L. Feet.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			18. INTERVAL BETWEEN ONSET AND DEATH <u>birth</u>
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) <u>7545</u>	
20a. TIME OF INJURY Hour _____ o.m. _____ p.m.		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. CITY, TOWN, OR LOCATION <u>Creighton, Missouri</u>	
21. I attended the deceased from <u>10:58 AM</u> to <u>12:39 AM</u> and last saw her alive on <u>11-1-58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <u>11/1/58</u>	
23a. SIGNATURE <u>E. J. Powell</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Clinton Mo</u>	
23c. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23d. DATE <u>Nov. 2, 1958</u>	
23e. NAME OF CEMETERY OR CREMATORY <u>Parker Cemetery</u>		23f. LOCATION (City, town, or county) (State) <u>Creighton, Missouri</u>	
24. FUNERAL DIRECTOR <u>Atkinson-Hickey</u>		24a. ADDRESS <u>Meriden City, Mo.</u>	
24b. DATE RECD. BY LOCAL REG. <u>11-1-58</u>		24c. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

(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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Philip J. Sherry* .....

Licensed Embalmer No. *4685*  
P. O. Address *Marion City, 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.