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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037191
STATE FILE NUMBER

FILED OCT 21 1958 Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY: Monroe
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Monroe City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Monroe City Rest Home — Length of stay in Ib: 2 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: 0640 Hannibal — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R F D # 2 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: FRANK Middle: L Last: GREGORY
4. DATE OF DEATH: Month October Day 15 Year 1958
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X] 2
8. DATE OF BIRTH: November 5, 1875
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 11 Days 10 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Hannibal Missouri 0
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME: Not known
13b. MOTHER'S MAIDEN NAME: Not known
14. NAME OF HUSBAND OR WIFE: Martha Alice Gregory (Decease
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 0 (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Gladys Shepherd, Address R F D # 2 Hannibal Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: N.K.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hemophilia — N.K.
DUE TO (c) Old Hemiplegia (left) 295K — N.K.
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 [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Oct. 3, 1958, to Oct. 15, 1958 and last saw him alive on Oct. 13, 1958
Death occurred at 3:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. A. Burnett (Degree or title) MD. 0
22b. ADDRESS Paris, Mo.
22c. DATE SIGNED 10-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/18/1958
23c. NAME OF CEMETERY OR CREMATORY: Grand View Burial Park
23d. LOCATION (City, town, or county) (State): Hannibal Missouri

24. FUNERAL DIRECTOR ADDRESS: W. Crawford Smith, Hannibal Missouri
25. DATE RECD. BY LOCAL REG.: Oct. 18-1958
26. REGISTRAR'S SIGNATURE: Elsie Robertson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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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 .....

Licensed Embalmer No. ....4540.....

P. O. Address ....Hannibal, Missouri

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.