

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001098
STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <i>Henry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Benton</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clinton</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Lincoln</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Forest nursing home</i>			Length of stay in lb <i>6 weeks</i>		d. STREET ADDRESS (If outside, give location) <i>East main street</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>ERASTUS</i> Middle <i>ALONZO</i> Last <i>Gregory</i>				4. DATE OF DEATH Month <i>JAN</i> Day <i>6</i> Year <i>59</i>				
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Aug 10, 1869</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>		9. AGE (In years last birthday) <i>89</i>		
11. BIRTHPLACE (City and state or country) <i>Benton County mo</i>				12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>				
13. FATHER'S NAME <i>Flavins Gregory</i>				14. MOTHER'S MAIDEN NAME <i>Jane Blanton</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO. <i>500-40-9592</i>		17. INFORMANT <i>Miss Ollie Gregory</i> Address <i>Lincoln, mo</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Edema</i> <i>Circulatory Failure</i> DUE TO (b) <i>Inanition and Debility</i> DUE TO (c) <i>4210</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Cardiac Hypertrophy - Aortic Stenosis</i>							INTERVAL BETWEEN ONSET AND DEATH	
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 <i>a. m.</i> Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <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 <i>12-20-58</i> , to <i>1-6-59</i> and last saw ^{NOT} Him alive on <i>1-6-59</i> Death occurred at <i>10:10 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Arturo Gonzalez DO</i>				22b. ADDRESS <i>717 E. Jefferson Clinton</i>		22c. DATE SIGNED <i>1-7-59</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Jan 9, 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Riverside Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Warsaw mo</i>		
24. FUNERAL DIRECTOR <i>Fred Davis & Son</i> ADDRESS <i>Lincoln</i>			25. DATE RECD. BY LOCAL REG. <i>1-8-59</i>		26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>			

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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... *Richard D. Conn*

Licensed Embalmer No. *47*

P. O. Address *Lipton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.