

Dept. Health,
 Soc. & Welfare
 U. S. Public
 Health Service

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-025613
 STATE FILE NUMBER

FILED VS JUL 21 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 337

V. S. 300
 Rev. 1-57

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY CRAWFORD															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MCCUNE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS HOSP.			Length of stay in lb 14 DAYS		815 d. STREET ADDRESS NONE (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First Middle Last CECIL DEWAIN GREGG				4. DATE OF DEATH Month Day Year JULY, 13, 1959															
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC-28-1890		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FURNITURE & HARDWARE				10b. KIND OF BUSINESS OR INDUSTRY FURNITURE & HDW		11. BIRTHPLACE (City and state or country) MCCUNE, KANSAS			12. CITIZEN OF WHAT COUNTRY? USA										
13a. FATHER'S NAME W. E. GREGG				13b. MOTHER'S MAIDEN NAME HANNAH HARLEY				14. NAME OF HUSBAND OR WIFE MARY ALICE GREGG											
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE				16. SOCIAL SECURITY NO.		17. INFORMANT Address MRS. MARY ALICE GREGG, MCCUNE, KANSAS													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Aortic Stenosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Coronary artery disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4211</u>										INTERVAL BETWEEN ONSET AND DEATH <u>3+ yrs</u> <u>4+ yrs</u>									
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 <u>3/4/59</u> to <u>7/13/59</u> and last saw ^{her} him alive on <u>7/12/59</u> Death occurred at <u>12:15 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) <u>H. K. Wieman MD.</u>						22b. ADDRESS <u>Joplin, Mo.</u>				22c. DATE SIGNED <u>7-14-59</u>									
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL			23b. DATE JULY 13-1959		23c. NAME OF CEMETERY OR CREMATORY MCCUNE, CEMETERY				23d. LOCATION (City, town, or county) (State) MCCUNE, KANSAS.										
24. FUNERAL DIRECTOR ADDRESS Thornhill-Dillon, Joplin, Mo.					25. DATE RECD. BY LOCAL REG. 7-15-1959		26. REGISTRAR'S SIGNATURE <u>Doore Merriam</u>												

securing the medical certification in the specific manner required by 193.140 MoRS 1949.

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

SEP 9 1959

MS
DEC 27 1960

MAR 29 1960

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 ROBERT A. YANCEY
Robert A. Yancey

Licensed Embalmer No. 3152
P. O. Address PITTSBURG, KANSAS.

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.