

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028477

FILED VS SEP 3 1959

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 103

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY CLAY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JOHNSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LIBERTY		Length of stay in 1b 3 YRS.		c. CITY OR TOWN HOLDEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION I.O.O.F HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) E. 4th ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRED Middle GREGORY Last GREGORY				4. DATE OF DEATH AUG. 24, 1959 Month AUG. Day 24 Year 1959				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-19-1878	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBER			10b. KIND OF BUSINESS OR INDUSTRY RETAIL		11. BIRTHPLACE (City and state or country) HOLDEN, MO.		12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME FRED GREGORY			13b. MOTHER'S MAIDEN NAME SARAH GREGORY			14. NAME OF HUSBAND OR WIFE MARY 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. NONE.		17. INFORMANT I.O.O.F HOME			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis							INTERVAL BETWEEN ONSET AND DEATH 3 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1956 to _____ and last saw him alive on Aug 23, Death occurred at 4 p m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Wm H Goodson (Degree or title)				22b. ADDRESS Liberty Mo			22c. DATE SIGNED 8/24/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 26, 1959	23c. NAME OF CEMETERY OR CREMATORY HOLDEN CEMETERY			23d. LOCATION (City, town, or county) HOLDEN, MO.			
24. FUNERAL DIRECTOR E. B. CAST ADDRESS HOLDEN, MO.				25. DATE RECD. BY LOCAL REG. 8-29-59		26. REGISTRAR'S SIGNATURE Thelma Strahan		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS SEP 8 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 _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J.B. Cook*

Licensed Embalmer No. 4057

P. O. Address Holmes, Pa.

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.

