

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031168

FILED VS SEP 1 1959

Registration District No. 325 Primary Registration District No. 4479 Registrar's No. 32 (32)

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Schuyler</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Queen City, Salt River Twp</u>		Length of stay in 1b <u>Days</u>	c. CITY OR TOWN <u>Queen City, Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION at family home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Salt River Twp</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Sylvia</u> Middle <u>L.</u> Last <u>Gregory</u>			4. DATE OF DEATH Month <u>August</u> Day <u>25</u> Year <u>1959</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 checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/21/1893</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Putnam Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Lewis S. Husted</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Small</u>		14. NAME OF HUSBAND OR WIFE <u>James Luther Gregory</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>86 42 1679 B</u>	17. INFORMANT Address <u>Mrs. Carmoleta Field, Kansas City, Mo.</u>		
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>Massive Coronary Occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Coronary Artery Disease</u>			<u>10 yrs.</u>
DUE TO (c) <u> </u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Cholecystitis</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) <u> </u>			
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	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.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u> </u>	COUNTY <u> </u>	STATE <u> </u>	
21. I attended the deceased from <u>8/23/50</u> to <u>8/25/59</u> and last saw her <u>alive</u> on <u>8/20/59</u> Death occurred at <u>6:30 P.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>Edward M. Roberts, M.D.</u>			22b. ADDRESS <u>Queen City, Mo.</u>		22c. DATE SIGNED <u>8/26/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/28/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greentop Cemetery</u>	23d. LOCATION (City, town, or county) <u>Greentop, Mo.</u>		
24. FUNERAL DIRECTOR <u>Paul Ray Kirkville Inc.</u>		ADDRESS <u> </u>	25. DATE RECD. BY LOCAL REG. <u>8.26.1959</u>	26. REGISTRAR'S SIGNATURE <u>W. A. J. Drake</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

George W. Davelb

Licensed Embalmer No. 4799

P. O. Address Kirkville

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.