

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009378

FILED VS MAR 3 1960

317

500

520

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Crawford		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay		c. CITY OR TOWN Steelville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. St. Rose Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First May Middle Belle Last Dora Gregory			4. DATE OF DEATH Month February Day 13 Year 1960		
5. SEX Female	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 1/12/1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Crawford Co., Mo.	12. CITIZEN OF WHAT COUNTRY U.S	
13a. FATHER'S NAME Riley P. Cook		13b. MOTHER'S MAIDEN NAME Mary White		14. NAME OF HUSBAND OR WIFE Bert 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 Address Lawrence Cook, 6623 Michigan.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 1 yr.?
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) Pulmonary Fibrosis				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.)			
20c. TIME OF INJURY Hour s.m. p.m.		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 Jan. 24, 1959 to 2-13-60 and last saw her alive on 2-12-60 Death occurred at 4:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE William A. Berner M.D. (Print name or title)			22b. ADDRESS 4401 Hampton		22c. DATE SIGNED 2-15-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-15-60	23c. NAME OF CEMETERY OR CREMATORY Berryman Cemetery	23d. LOCATION (City, town, or county) (State) Berryman, Mo.		
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.		ADDRESS	25. DATE RECD. BY LOCAL REG. 2-15-60	26. REGISTRAR'S SIGNATURE J. B. Murphy M.D.	

(Licensed Embalmer's Statement on Reverse Side)

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. W. - Brackley
Licensed Embalmer No. 36 J-3

P. O. Address As Lavin

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.