

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010521

FILED VS MAR 22 1960 / 20

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 20

NDED

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Gentry					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cooper		Length of stay in 1b 72 yrs.		c. CITY OR TOWN Stanberry, Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. W. Of Stanberry, 4 miles			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) N. w. Of Stanberry, 4 miles			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mrs. Alpha Myrtle Gregg				4. DATE OF DEATH Month Day Year Mar. 9 - 1960					
5. SEX female	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. 21, 1968, 91	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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) Gentry Co. Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Thomas Wilson			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Melvin Gregg			
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 Mr. Melvin Gregg, Stanberry, Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery disease DUE TO (b) arteriosclerosis & hypertension DUE TO (c) unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)								INTERVAL BETWEEN ONSET AND DEATH years years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerotic vascular disease, generalized						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 Month, Day, Year a.m. p.m.									
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 4-11-56 to 2-9-60 and last saw her ^{her} _{him} alive on 6-26-58 Death occurred at 2 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Arthur L. Carlen MD				22b. ADDRESS Stanberry, Mo.			22c. DATE SIGNED 3-11-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 22x 3/12/60	23c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Stanberry, Mo.				
24. FUNERAL DIRECTOR Phillips Mortuary		ADDRESS Stanberry, Mo.		25. DATE RECD. BY LOCAL REG. 3-13-60	26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare				

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 Lester F. Phillip

Licensed Embalmer No. 1898

P. O. Address Stonewall

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.