

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012054

FILED VS APR 6 1960 275

Registration District No. _____ Primary Registration District No. 3053 Registrar's No. 64

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Dent									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Length of stay in 1b 2 days		c. CITY OR TOWN Rural-Gladden Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland Nsg. Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) P.O. Gladden, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First NEWTON Middle GRANVIL Last GREGORY				4. DATE OF DEATH Month March Day 28 Year 1960									
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 11/4/71		9. AGE (last birthday) 88		IF UNDER 1 YEAR Months _____ Days _____ Hours _____		IF UNDER 24 HR Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and-state or country) Murphysboro, Ill.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Alfred E. Gregory				13b. MOTHER'S MAIDEN NAME Elzada E. Henson				14. NAME OF HUSBAND OR WIFE Ollie (Dec'd)					
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. Unknown		17. INFORMANT Chas. Gregory		Address Salem, 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 Thrombosis										INTERVAL BETWEEN ONSET AND DEATH June			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Advanced arterio-sclerosis										yrs			
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 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 3/26/60 to 3/28/60 and last saw him alive on 3/28/60 Death occurred at 2 P m on the date stated above, and to the best of my knowledge from the causes stated.													
22a. SIGNATURE <i>James M. Hughes MD</i>						22b. ADDRESS Rolla, Mo			22c. DATE SIGNED 3/29/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Mar. 31, 1960		23c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem.		23d. LOCATION (City, town, or county) Salem Missouri							
24. FUNERAL DIRECTOR Max L. Warfel				ADDRESS Salem, Mo.		25. DATE RECD. BY LOCAL REG. Mar. 29, 1960		26. REGISTRAR'S SIGNATURE <i>Nadrie L. Stoll</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 6 1960

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 Max L. Craft

Licensed Embalmer No. 4170

P. O. Address Salem, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.