FILED VS JUL 7 1960

JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-025393

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1884

ENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mehlville — Length of stay in 1b 3 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Verna Fuller Home — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cape
c. CITY OR TOWN Rural Route — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Jackson R R — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARK Middle LEE Last GREGG
4. DATE OF DEATH Month June Day 20 Year 1960
5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Dec 19 1960
9. AGE (last birthday) IF UNDER 1 YEAR Months 6 Days 1 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Cape Girardeau Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Orval Gregg
13b. MOTHER'S MAIDEN NAME Rose Schabbing
14. NAME OF HUSBAND OR WIFE Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Orval Gregg Jackson Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congenital Heart Disease — 6 month
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6/20/60, to 6/20/60 and last saw her/him alive on 6/20/60
Death occurred at 3 15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Burnside M D
22b. ADDRESS 206 Wargonne Richmond
22c. DATE SIGNED 6/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE June 20 1960
23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery
23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo

24. FUNERAL DIRECTOR ADDRESS Walther's Funeral Home Cape Girardeau Mo.
25. DATE RECD. BY LOCAL REG. 6-20-60
26. REGISTRAR'S SIGNATURE J. E. Murphy M.D.

BY AFFIDAVIT OF DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Elmer H. Eligtag

Signature of Student Embalmer

Licensed Embalmer No. 3571

P. O. Address Imperial

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