MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-026296
STATE FILE NUMBER

Registration District No. 292. Primary Registration District No. _____ Registrar's No. _____

FILED AUG 3 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Ralls
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RFD # 3 Hannibal, Mo. — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): RFD # 3 Salene Tnship — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Ralls
c. CITY OR TOWN: RFD # 3 Hannibal, Mo. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Salene Township. RFD # 3 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Perry — Middle: F. — Last: Gregory
4. DATE OF DEATH: Month: Jul — Day: 28 — Year: 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH:
9. AGE (last birthday): Jan 10, 1892 — IF UNDER 1 YEAR: 69 Yrs. — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (City and state or country): Saverton Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James B. Gregory
13b. MOTHER'S MAIDEN NAME: Ella Bellville
14. NAME OF HUSBAND OR WIFE: Dorothy Pierce Gregory
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW#1
16. SOCIAL SECURITY NO.:
17. INFORMANT: Dorothy P. Gregory — Address: R-3 New London 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): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis.
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 NN Medical Attention. to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title): Clyde C. Wiley — Coroner.
22b. ADDRESS: Perry, Mo. Ralls County.
22c. DATE SIGNED: 7-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jul 31 61
23c. NAME OF CEMETERY OR CREMATORY: Grandview Burial Park
23d. LOCATION (City, town, or county) (State): Hannibal Rall Missouri

24. FUNERAL DIRECTOR — ADDRESS: Smith's Funeral Home Hannibal Mo.
25. DATE RECD. BY LOCAL REG.: July 28, 1961.
26. REGISTRAR'S SIGNATURE: Clyde C. Wiley

(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1961

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 N. Crawford Smith

Licensed Embalmer No. 384

P. O. Address Hamilton M

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.