

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

FILED NOV 8 1961

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE
 b. COUNTY
 c. CITY OR TOWN
 d. STREET ADDRESS (If outside, give location)
 Inside Limits Yes No
 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
 DORSEY LEE GREGERSON, JR.
 4. DATE OF DEATH Month Day Year
 Oct. 20, 1961

5. SEX Male
 6. COLOR OR RACE White
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 10-28-40
 9. AGE (last birthday) 20
 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)
 Manager & Helper
 10b. KIND OF BUSINESS OR INDUSTRY
 Uphol. & Clean. Co.
 11. BIRTHPLACE (City and state or country)
 St. Louis, Mo.
 12. CITIZEN OF WHAT COUNTRY
 USA

13a. FATHER'S NAME Dorsey Lee Gregerson, Sr.
 13b. MOTHER'S MAIDEN NAME Frances Eastburn
 14. NAME OF HUSBAND OR WIFE None

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
 D.L. Gragerson, Sr. 12,403 Robyn Rd. Sunset Hills, 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) Carbon Monoxide Poisoning; suffered when dec'd, was found in car in garage at 4102 Beckline, rd
 DUE TO (b) 10/20/61
 DUE TO (c) 973.1
 INTERVAL BETWEEN ONSET AND DEATH

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
 10 20 61

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 _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ 10:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner
 22b. ADDRESS 1300 Clark Ave.
 22c. DATE SIGNED 10-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
 23b. DATE 10-23-1961
 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.
 23d. LOCATION (City, town, or county) (State) Fredericksburg, Va.

24. FUNERAL DIRECTOR ADDRESS Pfitzinger Mort-Kirkwood 22, Mo.
 25. DATE RECD. BY LOCAL REG. OCT 23 1961
 26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

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 Richard J. Law Jr.

Licensed Embalmer No. 4800

P. O. Address Richwood 22 Mo.

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.