MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019291

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 87

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 31 1962

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

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: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CARTHAGE
Length of stay in 1b: 46 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1525 OAK ST.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: JASPER
c. CITY OR TOWN: CARTHAGE
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 119 N. McGREGOR ST.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First OLIVE Middle ROSE BLANCH Last GREGORY

4. DATE OF DEATH: Month MAY Day 22, Year 1962

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 1/29/88
9. AGE (last birthday): 74
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): OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: REST HOME
11. BIRTHPLACE (City and state or country): STEVENSVILLE, PENN.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: CORNELIUS IMHOFF
13b. MOTHER'S MAIDEN NAME: RACHEL JANE DOLBY
14. NAME OF HUSBAND OR WIFE: HENRY HARRISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 6
17. INFORMANT: MRS. CORBETT JOHNSON, CARTHAGE, 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) Cancer of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) with Abdomenal Metastasis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): none

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 Apr 29, 62 to May 22 '62 and last saw her alive on May 10, 1962
Death occurred at 6:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George H. Wood (Degree or title) M.D.
22b. ADDRESS: 1515 HAZEL, CARTHAGE, MO.
22c. DATE SIGNED: 5/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5/25/62
23c. NAME OF CEMETERY OR CREMATORY: PARK CEMETERY
23d. LOCATION (City, town, or county) (State): CARTHAGE, MO.

24. FUNERAL DIRECTOR: THE ULMER FUNERAL HOME, CARTHAGE, MO.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 5-25-62
26. REGISTRAR'S SIGNATURE: Elly Clinton

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1962

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 Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.