

2. 1864

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022381

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 249

FILED JUN 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH  
a. COUNTY *Cole*  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN *Jefferson City* Length of stay in 1b *3 weeks*  
c. FULL NAME OF HOSPITAL OR INSTITUTION *St Mary Hosp.* Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE *Missouri* b. COUNTY *Cole*  
c. CITY OR TOWN *Jefferson City* Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) *1012 Miller St.* Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last *MISSOURI GREGORY*  
4. DATE OF DEATH Month Day Year *June 21 - 1962*

5. SEX *Female* 6. COLOR OR RACE *Negro* 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH *June 2 - 1864* 9. AGE (last birthday) *98* IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Beautician* 10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and state or country) *Callaway* 12. CITIZEN OF WHAT COUNTRY *U.S.A.*

13a. FATHER'S NAME *Clie Tucker* 13b. MOTHER'S MAIDEN NAME *Mary Henderson* 14. NAME OF HUSBAND OR WIFE *H. B. Gregory*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) *no* 16. SOCIAL SECURITY NO. *none* 17. INFORMANT *Gertrude Washington, Jefferson City* Address *Jefferson City*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) *Artero-sclerotic Heart Disease*  
DUE TO (b) *Generalized Arteriosclerosis*  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) *Cancer Intestine*  
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.) *No Injury*

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 *May 1st* to *June 21/62* and last saw her alive on *June 21/62*  
Death occurred at *4 P. M.* on the date stated above, and to the best of my knowledge, from the cause stated.

22a. SIGNATURE *J. Bruce MD* (Degree or title) 22b. ADDRESS *2394 Adams Jefferson City Mo. 65123/* 22c. DATE SIGNED *mo. 62*

23a. BURIAL, CREMATION, OR REMOVAL (Specify) *Burial* 23b. DATE *June 24 1962* 23c. NAME OF CEMETERY OR CREMATORY *Columbia* 23d. LOCATION (City, town, or county) (State) *Columbia Mo.*

24. FUNERAL DIRECTOR *Mrs. Stuart Parker, Columbia, Mo.* ADDRESS *23 June 1962* 25. DATE RECD. BY LOCAL REG. *23 June 1962* 26. REGISTRAR'S SIGNATURE *R. Harris MD - Wheeler Reg*

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 Harold Warren, Student Embalmer No. 651  
working under my personal supervision.

Student Harold Warren  
Signature of Student Embalmer

Signed George D. Trammell

Licensed Embalmer No. 4425  
P. O. Address Columbus, Ohio

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.