

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 5513 Registrar's No. 30001287 STATE FILE NUMBER

VS 300
Rev. 4/59

10420

20420

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>HEFFIELD</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KEESVILLE</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>11 MI. S.E. OF CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HENRY</u> c. CITY OR TOWN <u>CLINTON</u> d. STREET ADDRESS (If outside, give location) <u>RR # 2</u>	
3. NAME OF DECEASED (Type or print) First <u>HUGH</u> Middle <u>CHANDIS</u> Last <u>GREGG</u>		4. DATE OF DEATH Month <u>FEB</u> Day <u>8</u> Year <u>1965</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-6-1903</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTERING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING</u>	9. AGE (last birthday) <u>62</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>PANTOLA KANSAS</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>ALBERT GREGG</u>		13b. MOTHER'S MAIDEN NAME <u>ABBIE GLEASON</u>	
14. NAME OF HUSBAND OR WIFE <u>DAIS MAE GREGG</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>486-07-3652</u>		17. INFORMANT <u>Doris Mae Gregg RR # 2 Clinton Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Insufficiency</u> DUE TO (b) <u>Acute Coronary Artery Occlusion</u> DUE TO (c) <u>Seconds</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Seconds</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>CLINTON MO.</u>		20g. COUNTY <u>MO.</u>
21. I attended the deceased from <u>2-1-62</u> to <u>2-8-65</u> and last saw her alive on <u>2-8-65</u> Death occurred at <u>2:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Clinton L. Glosby Jr</u> (Degree or title)	
22b. ADDRESS <u>Clinton Mo.</u>		22c. DATE SIGNED <u>2/10/65</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-12-65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah</u>	23d. LOCATION (City, town, or county) <u>KANSAS CITY MO.</u>
24. FUNERAL DIRECTOR <u>Sickman & Dunning</u>		25. DATE RECD. BY LOCAL REG. <u>2-11-65</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

12102747
12102747

MAR 15 1965

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 Stanley J. Siekman, Student Embalmer No. 750

working under my personal supervision.

Student

Stanley J. Siekman
Signature of Student Embalmer

Signed

R. L. Dunning

Licensed Embalmer No.

4710

P. O. Address

Clinton 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.

Permit obtained 3-11-65
(MB)