

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-043689

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 300

FILED DEC 13 1965

## 1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ClintonLength of stay in 1b  
1 yr.

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Cass

c. CITY  
OR  
TOWN CreightonInside Limits  
Yes ☒ No ☐c. FULL NAME OF DECEASED (If not in hospital, give location)  
HOSPITAL OR  
INSTITUTION Town and Country  
Nursing HomeInside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Alva N. Gregg4. DATE OF DEATH  
Month Day Year  
12 8 655. SEX  
M6. COLOR OR RACE  
W7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
12-13-829. AGE (last birthday)  
82IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Retired10b. KIND OF BUSINESS OR INDUSTRY  
Farmer11. BIRTHPLACE (City and state or country)  
Creighton, Mo.12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Aaron D. Gregg

## 13b. MOTHER'S MAIDEN NAME

Alice Lane

## 14. NAME OF HUSBAND OR WIFE

Minnie O. Gregg

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no16. SOCIAL SECURITY NO.  
494-16-113217. INFORMANT Address  
Mrs. George Heller, Creighton, 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)

acute myocarditis

INTERVAL BETWEEN  
ONSET AND DEATH

1 wk

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## 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 ☐ Unknown19. 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, Year20d. 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 1963 to 12-8-65 and last saw her alive on 12-8-65  
Death occurred at 1:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Hugh B. Walker, MD

## 22b. ADDRESS

Clinton, Mo.

## 22c. DATE SIGNED

12-9-65

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Removal23b. DATE  
12-11-6523c. NAME OF CEMETERY OR CREMATORY  
Parker23d. LOCATION (City, town, or county)  
Creighton, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Snow's Funeral Home, Urich, Mo.

## 25. DATE RECD. BY LOCAL REG.

12-9-65

## 26. REGISTRAR'S SIGNATURE

Mildred Bigano

OMB

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

**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

*Mark D. Snow*

Licensed Embalmer No.

*4034*

P. O. Address

*Irish, 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

12-9-65

(MB)