

FILED AUG 27 1968

CERTIFICATE OF DEATH

124

68 0032563

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 196

DO NOT WRITE  
ON THIS STUB

VS 300

Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
ABRAHAM ALVA GREGG			Male	August 17, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (MONTH, DAY, YEAR)	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
White		79	July 16, 1889		Henry
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
Clinton			313 So. McLane St.,		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
Missouri		USA	Never married		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
499 16 0333		Railway Employee - M K & T			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
Missouri		Henry	Clinton	Yes	313 S. McLane St.
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
Abraham A. Gregg Sr.			Margaret E. Thornburg		
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
George W. Gregg			Rt. # 2, Centerville, Kansas 66014		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1. IMMEDIATE CAUSE					
(a) Acute Myocardial Insufficiency					Minutes
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Coronary artery Occlusion					Minutes
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Coronary artery Sclerosis					Unknown
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (10)					AUTOPSY (YES OR NO)
					No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.
1964 TO 8 17 66		21c. 8 17 67	21d. Did Not	21e. 4 <sup>30</sup> a.m.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.					
22b. CERTIFIER—NAME (TYPE OR PRINT)					
Clinton L. Glaspy					
SIGNATURE					
Clinton L. Glaspy					
MAILING ADDRESS—CERTIFIER					
705 E. Ohio					
STREET OR R.F.D. NO. CITY OR TOWN STATE					
Clinton Mo. 64735					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
Burial		Parker Cemetery		Creighton, Missouri	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
August 19, 1968		Vansant Funeral Home		314 W. Jefferson St., Clinton, Mo. 64735	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
H. Vansant		Mildred Bigum		8-19-68	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

9. 0  
10a. 79  
10b.  
11. 0  
12. 0  
13. 4109  
14.  
15. 4  
16.  
17.  
18. 2  
19. CREDITS  
20. 1-0

AUG 28 1968

SEP 5 1968

### 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 *J. A. Vansant*

Licensed Embalmer No. 3779

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 8-19-68 (MAB)