

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

22693

FILED JUL 27 1948

Registration District No.

Primary Registration District No.

Registrar's No.

36

1. PLACE OF DEATH:

- (a) County Ochelt
- (b) City or town Ochelt
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: -
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution -
(Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME

Thomas Mitchell Gregory3. (b) If veteran, ✓

3. (c) Social Security No.

name war.

4. Sex MD 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Gregory
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased July 11 1878
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 4
- If less than one day hr. min.

9. Birthplace Stewartville Mo. 1)
(City, town, or county) (State or foreign country)

10. Usual occupation Painter -

11. Industry or business

12. Name John Gregory
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Peggy Wells
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Gregory
- (b) Address Ochelt, Mo.

17. (a) B (b) Date thereof 5-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Stewartville, Mo.

18. (a) Signature of funeral director Pym Funeral Home

- (b) Address Stewartville, Mo.

19. (a) 7-13-48 (b) A. Dairbone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Ochelt 32
- (c) City or town Ochelt 30
(If outside city or town limits, write "RURAL")
- (d) Street No. -
(If rural, give location)
- (e) Citizen of foreign country? No (Yes or No)
- If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1948 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec -
1947 to May 14 - 1948
that I last saw him alive on May 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

aortic aneurysm

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsies

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
- (b) Date of occurrence
- (c) Where did injury occur?
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
- While at work? (e) Means of injury

23. Signature Mr. S. Hale (M. D. or other)Address Ochelt, Mo. Date signed 7/16/48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartsville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.