

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11542

State File No.

FILED MAY 2 1949

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>458</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>618 N. 10th Street</u>				d. STREET ADDRESS (If rural, give location) <u>618 N. 10th Street</u>			
3. NAME OF DECEASED (Type or Print) <u>John Franklin Gregory</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>April 20, 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 26, 1880</u>	
9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR Months Days		11. UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Foreman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Hog Dept. Armour & Co.</u>			
13a. FATHER'S NAME <u>John F. Gregory</u>				13b. MOTHER'S MAIDEN NAME <u>Surepta Wills</u>		14. NAME OF HUSBAND OR WIFE <u>Carolyn Gregory</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carolyn Gregory</u> ADDRESS <u>St. Joseph, Mo. 618 N. 10th St.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure; asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Interus Ad Gen.</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 mon.</u> <u>2 yrs -</u>							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES ☐ NO ☒							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐			
21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>Aug 18, 1948</u> , to <u>Apr 18, 1949</u> ; that I last saw the deceased alive on <u>Apr 19, 1949</u> , and that death occurred at <u>7:15 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank N. Nadeau</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>St. Joseph, Mo. 620 Thomas St.</u>			
23c. DATE SIGNED <u>4/27/49</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>April 22, 1949</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>April 25, 1949</u>				REGISTRAR'S SIGNATURE <u>G. C. Jenkins</u> 382			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. H. H.</u>				ADDRESS <u>1946 Colhoun St. St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed

Raymond W. Marehea

Signed*****
Student Embalmer

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Missouri.

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