

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14900**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **633**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before (date of institution)) a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b> <b>32</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph 0</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stewartville 0</b>	
c. LENGTH OF STAY (in this place) <b>5 mos.</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Methodist Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>Baker</b>	c. (Last) <b>Gregory</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6 - 4 - 49</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 6, 1865</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Rail Road.</b>	11. BIRTHPLACE (State or foreign country) <b>Stewartville, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William Gregory</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Wills</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Gregory</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Emma Gregory</b> ADDRESS <b>Stewartville, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture neck of L. femur</b>		<b>5 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>65124</b> <b>25</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio-sclerosis (gen) Pericarditis Ulcers Pyelonephritis</b>		<b>many yrs. 5 mo. 1 week</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Fracture of neck of L. hip - wired with Smith-Petersen nail</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Stewartville, DeKalb, Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 25 1948</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Automobile backed into him</b>

22. I hereby certify that I attended the deceased from **12/30, 1948**, to **6/4, 1949**, that I last saw the deceased alive on **6/4, 1949**, and that death occurred at **7 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>G. T. Bloomer M.D.</b>	23b. ADDRESS <b>1218 N. 3rd St. St. Joseph, Mo.</b>	23c. DATE SIGNED <b>6/6/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-7-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Stewartville</b>	24d. LOCATION (City, town, or county) (State) <b>Stewartville, Mo</b>
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DATE REC'D BY LOCAL REG. <b>June 8, 1949</b>	REGISTRAR'S SIGNATURE <b>E. C. Jenkins</b> <b>382</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. B. Summerfield</b> ADDRESS <b>Stewartville, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 17 1949

**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 .....  
Student Embalmer

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartville Md

**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.