

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15059

State File No. _____

BIRTH NO. 27190-49 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 179

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

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>FULTON</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		148
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CALLAWAY HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>1006 Bluff St.</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Tommie</u>	b. (Middle) <u>GLENN</u>	c. (Last) <u>GREGER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 17 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>MAY 17, 1949</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GLEN GREGER</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET MCKINLEY</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>GLEN GREGER</u>		ADDRESS <u>FULTON, MO</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>	ANTECEDENT CAUSES Morbid 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>776X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 17 1949 to May 17, 1949 that I last saw the deceased alive on May 17, 1949, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Brown M.D.</u>	(Degree or title)	23b. ADDRESS <u>Fulton, Mo.</u>	23c. DATE SIGNED <u>5-24-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 18, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HILLCREST</u>	24d. LOCATION (City, town, or county) (State) <u>FULTON, MO.</u>
DATE REC'D BY LOCAL REG. <u>May 24, 1949</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ben J. Mangin</u>
			ADDRESS <u>Fulton, Mo.</u>

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 1 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.

BODY WAS NOT EMBALMED

Student _____
Student Embalmer

Signed *Walter J. Haine, Jr.*

Licensed Embalmer No. *4557*

P. O. Address *Fulton, 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 this body is not embalmed, fact should be so stated above.