

FILED NOV 22. 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38338**

BIRTH NO. _____ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **4435** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY Ralls		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Perry, Missouri)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) G. c. (Last) Gregory			4. DATE OF DEATH (Month) (Day) (Year) Nov. 16-1949		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 2 - 1864			9. AGE (In years last birthday) 85		10. IF UNDER 1 YEAR Months 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Ralls County, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME James Gregory		13b. MOTHER'S MAIDEN NAME Amanda Crawford		14. NAME OF HUSBAND OR WIFE Mary Ekizabeth Gregory	
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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) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. Abner Thompson, Perry, Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Smility				725X	
		ANTECEDENT CAUSES DUE TO (b) arthritis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 **11-9-**, 19**49**, to **11-15**, 19**49**, that I last saw the deceased alive on **11-15-**, 19**49**, and that death occurred at **9:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE R E Suter M.D. (Degree or title)		23b. ADDRESS Perry, Missouri		23c. DATE SIGNED 11.18-1949	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-17-1949		24c. NAME OF CEMETERY OR CREMATORY Fern Chapel		24d. LOCATION (City, town, or county) (State) Ralls County, Missouri	
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DATE REC'D BY LOCAL REG. 11-16-1949		REGISTRAR'S SIGNATURE Clyde Wilkey		25. FUNERAL DIRECTOR'S SIGNATURE Clyde C. Wilkey		ADDRESS Perry, Missouri	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 21 1949
District Health Officer No. 1
District File Number 11-497
Date Filed NOV 21 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 Clyde W. Wisbey
Licensed Embalmer No. 3820

P. O. Address Perry, 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.