

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 28 1951

State File No. 17617

BIRTH NO. _____		REG. DIST. NO. <u>29</u>		PRIMARY REG. DIST. NO. <u>5984</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Minn</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>6 miles West Waynesville, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moorehead</u>		8220	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>324 Elm Street, North</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sylvester</u>		b. (Middle) <u>Rien</u>		c. (Last) <u>Gregor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1951</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>Feb 18, 1933</u>	
9. AGE (In years last birthday) <u>17</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U S Army</u>		11. BIRTHPLACE (State or foreign country) <u>Lisbon, North Dakota</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U S Army</u>		11. BIRTHPLACE (State or foreign country) <u>Lisbon, North Dakota</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Mr. Gusset F. Gregor</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</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) <u>Yes Entered 30 Sep 50</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Capt G. Foreyth</u>		ADDRESS <u>US Army Hosp Ft L.W., 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhagic, pulmonary edema, massive, bilateral.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Multiple Abrasion of face &amp; body.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>  <u>88254</u> <u>33</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>085</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>6 miles west of Waynesville, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 19, 1951 6:00 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident.</u>			
22. I hereby certify that I attended the deceased from <u>19 May</u> , 1951, to <u>19 May</u> , 1951, that I <u>never</u> saw the deceased alive on <u>19 May</u> , 1951, and that death occurred at <u>6:00 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Sidney Jick</u> (Degree or title) <u>First Lieutenant, MC</u>				23b. ADDRESS <u>U S Army Hospital, Fort Leonard Wood, Mo.</u>		23c. DATE SIGNED <u>19 May 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/20/51</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Moorehead, Minnesota</u>	
DATE REC'D BY LOCAL REG. <u>5-23-51</u>		REGISTRAR'S SIGNATURE <u>Opal Ray</u>		389		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Hedge Craker</u> ADDRESS <u>Mo.</u>	

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

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RECEIVED 5-23-51  
Pulaski County Health Officer  
File Number  
Date Filed 5-23-51

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Walter J. Hedges*

Signed.....

Student Embalmer

Licensed Embalmer No.....

4265

P. O. Address.....

*Shelby, 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.