

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15490**

FILED JUN 9 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>5000</u>		Registrar's No. <u>207</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u>				b. COUNTY <u>Adams</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville, R. R. #1</u>				c. LENGTH OF STAY (in this place) <u>5 days</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quincy</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R. R. #1, Kirksville, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>422 1/2 Maiden Lane</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aaron</u>			b. (Middle) _____			c. (Last) <u>Gregory</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 72, 1877</u>	
9. AGE (In years) (last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Gregory</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Hamilton</u>			14. NAME OF HUSBAND OR WIFE <u>Ova McDowell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willard Gregory, Kirksville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic heart disease</u>						<u>10 years</u>	
		DUE TO (c) <u>Cirrhosis of liver</u>						<u>10 years</u>	
		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 <u>4700</u>						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 <u>June 2, 1952</u> , to <u>June 2, 1952</u> , that I last saw the deceased alive on <u>June 2, 1952</u> , and that death occurred at <u>1:00 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Howard E. Gross, M.D.</u>				23b. ADDRESS <u>Kirksville, Mo</u>				23c. DATE SIGNED <u>6-3-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/5/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Refugee</u>		24d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-6-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>			FUNERAL DIRECTOR'S SIGNATURE <u>Paul R. Ray</u>			ADDRESS <u>Kirksville, MO.</u>	

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 *Keith Collier*

Licensed Embalmer No. *3632*

P. O. Address *Kubsville 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.