

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17097

State File No.

No. 300

10-48

FILED JUN 15 1953

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 647

1. PLACE OF DEATH a. COUNTY Buchanan 01170		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan 1117	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) 607 N. 22nd St.	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Wesley c. (Last) Gregg			4. DATE OF DEATH (Month) (Day) (Year) June 7, 1953		
5. SEX male ↗	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH April 7, 1890	9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 1 MTH. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) grain broker		10b. KIND OF BUSINESS OR INDUSTRY Grain Exchange		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri ↗	
13a. FATHER'S NAME Charles W. Gregg			13b. MOTHER'S MAIDEN NAME Catherine Sale		14. NAME OF HUSBAND OR WIFE Helen Krake Gregg

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. 489-36-4090		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen Gregg, 607 N. 22nd, St. Joseph, Mo.	
---	--	-------------------------------------	--	--	--

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) Coronary Occlusion Coronary Occlusion DUE TO (b) Coronary Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 48 hrs
--	--	---	--	--	---

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) 4201	
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 6-5, 1953, to 6-7, 1953, that I last saw the deceased alive on 6-6, 1953, and that death occurred at 12:15a, m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. L. H. Jensen		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 6-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/9/1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	

DATE REC'D BY LOCAL REG. June 11, 1953		REGISTRAR'S SIGNATURE Esther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weston-Bowman Funeral Home St. Joseph, Mo.	
--	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

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 William Spalding.....

Licensed Embalmer No. 4535

P. O. Address 3198 10th St, Joseph, 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.