

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18802

State File No.

No. 300
0.48

FILED MAY 26 1953

REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 2001 Registrar's No. 6

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY NEWTON	b. STATE MISSOURI		c. COUNTY NEWTON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	c. LENGTH OF STAY (in this place) 55 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN <u>0735</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4402 JOPLIN		d. STREET ADDRESS (If rural, give location) 4402 JOPLIN	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) JAMES	b. (Middle) H.	c. (Last) GREGORY	MAY 19		1953
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 1, 1883		9. AGE (In years last birthday) 69 If under 1 year: Months Days If under 1 year: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MINER		10b. KIND OF BUSINESS OR INDUSTRY LEAD & ZINC		11. BIRTHPLACE (State or foreign country) GREENWOOD COUNTY, KANSAS	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME DAVID FRANK GREGORY	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MAUDE GREGORY
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.
17. INFORMANT'S SIGNATURE OR NAME MAUDE GREGORY, 4402 JOPLIN, JOPLIN		
17. ADDRESS MAUDE GREGORY, 4402 JOPLIN, JOPLIN		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 min.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		DUPLICATE OF (b) _____		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) _____		
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 4201	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) (Min)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Looney T. Thompson Jr.</i>	23b. ADDRESS 307 E. Main St. Newks, Mo.	23c. DATE SIGNED 5-19-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-21-53	24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK
24d. LOCATION (City, town, or county) (State) JOPLIN, MO.		

DATE REC'D BY LOCAL REG. 5-21-53	REGISTRAR'S SIGNATURE <i>Ed. S. James</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Steve Parker</i>	ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.
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(Licensed Embalmers' Statement on Reverse Side)

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number 55-2-111
Date Filed MAY 27 1953

NEOSHO, MISSOURI

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 F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.