

No. 300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23749**

FILED JUL 13 1953

BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **4551** Registrar's No. **25**

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

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hartville MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hartville Missouri	
c. LENGTH OF STAY (In this place) 9 years		d. STREET ADDRESS (If rural, give location) 1140	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) LZora b. (Middle) Estelle c. (Last) Gregory			4. DATE OF DEATH (Month) (Day) (Year) June 29 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH July 18, 1881		9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Wright County Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Absher John A. Absher		13b. MOTHER'S MAIDEN NAME Elizabeth Ann Smith		14. NAME OF HUSBAND OR WIFE Geo. W. 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. NO		17. INFORMANT'S SIGNATURE OR NAME Marcy Gregory ADDRESS Hartville 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) Infectious Hepatitis			INTERVAL BETWEEN ONSET AND DEATH 3 mos	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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 092X			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)		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 **March 9, 1953** to **June 29, 1953** that I last saw the deceased alive on **June 27, 1953**, and that death occurred at **2:50 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. W. Worthington, D.O.		23b. ADDRESS Hartville Mo.		23c. DATE SIGNED 7-1-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 1, 1953		24c. NAME OF CEMETERY OR CREMATORY Steele Memorial	
24d. LOCATION (City, town, or county) (State) Hartville MO.		25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Halden		ADDRESS Hartville, Mo.	
DATE REC'D BY LOCAL REG. 7-7-53		REGISTRAR'S SIGNATURE J. Garner 346			

RECEIVED JUL 11 1953
WRIGHT CO. HEALTH DEPT.
County File Number 753-98
Date Filed 7-11-53

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 Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.