

1924

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10. 48

FILED JAN 24 1955

BIRTH NO. _____		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>4385</u>		Registrar's No. <u>3</u>			
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koshkonong</u>		c. LENGTH OF STAY (in this place) <u>57 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koshkonong</u>		<u>0750</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>8</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>BUSIA</u> c. (Last) <u>GREGORY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17, 1955</u>						
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 22, 1879</u>		9. AGE (in years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroader</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Elkton, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Jim Gregory</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Farrell</u>		14. NAME OF HUSBAND OR WIFE <u>Janey Howell Gregory</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>702-03-8417</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Janey Gregory</u>		ADDRESS <u>Koshkonong, 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>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u> DUE TO (c) <u>Hypertension - Sumbly</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>Jan 11 1955</u> <u>July 1954</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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)		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>July 11, 1954</u> to <u>Jan 17, 1955</u> , that I last saw the deceased alive on <u>Jan 17, 1955</u> , and that death occurred at <u>2:50a.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>DW Cooper MD</u>				23b. ADDRESS <u>Hayes St</u>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Koshkonong Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Koshkonong</u>				
DATE REC'D BY LOCAL REG. <u>Jan 21, 1955</u>		REGISTRAR'S SIGNATURE <u>Arthur Wolff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Carter Thomas</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

750 /

FEB 1 1955

MAR 31 1955

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 *Richard Carter* _____

Licensed Embalmer No. 4516

P. O. Address *Shawnee, 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.