

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2233**

BIRTH NO. 124		REG. DIST. NO. 316	PRIMARY REG. DIST. NO. 3060	Registrar's No. 6
1. PLACE OF DEATH a. COUNTY St. Francois b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Francois c. CITY OR TOWN Farmington d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Spring St.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Farmington STREET ADDRESS Spring St.
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Jacob c. (Last) Gregory		4. DATE OF DEATH (Month) (Day) (Year) Jan. 15 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH June 20 1871	9. AGE (in years last birthday) 83 IF UNDER 1 YEAR: Months 6 Days 25 IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Jefferson County Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Harry Gregory		13b. MOTHER'S MAIDEN NAME Mary Garrison
14. NAME OF HUSBAND OR WIFE Myrtle Blanton 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 Myrtle Blanton Gregory		ADDRESS Farmington, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus 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. Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs +
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) 2600 X
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 Jan 15, 1955 , to Jan 15, 1955 , that I last saw the deceased alive on Jan 15, 1955 , and that death occurred at 1 P. M. , from the causes and on the date stated above.				
23a. SIGNATURE C. E. Conleton, M.D. (Degree or title)		23b. ADDRESS Farmington Mo		23c. DATE SIGNED 1-17-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 17-55		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill
24d. LOCATION (City, town, or county) (State) Near Farmington, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Cozean		ADDRESS Farmington, Mo.
DATE REC'D BY LOCAL REG. Jan. 17, 1955		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Cozean

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

1925

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.....
Signature of Student Embalmer

Signed.....
C. H. Cozart

Licensed Embalmer No. 400

P. O. Address *Farmington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.