

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

State File No. **17579**

**FILED MAY 31 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **376** PRIMARY REG. DIST. NO. **4560** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Wright</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>WRIGHT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Norwood</b>		c. CITY (If outside corporate limits, write RURAL and give township): <b>NORWOOD</b>	
c. LENGTH OF STAY (In this place) <b>45 years</b>		1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clark Twp.</b>		d. STREET ADDRESS (If rural, give location) <b>Clark Twp.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>LAWRENCE</b> b. (Middle) <b>CALVIN</b> c. (Last) <b>GREGORY</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 12, 1955</b>		
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>April 11, 1892</b>		<b>9. AGE</b> (In years last birthday) <b>63</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Construction</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Hartville, Mo.</b>	
<b>13a. FATHER'S NAME</b> <b>Marion Gregory</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Coxen</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Marie Knotwell Gregory</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Marie Gregory, Norwood, Mo.</b>	

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>24 hours</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Thrombosis</b>		
	<b>ANTECEDENT CAUSES</b> <b>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> <b>Diabetes Mellitus</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4201</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Jan 1954 to April 12, 1955, that I last saw the deceased alive on April 1, 1955, and that death occurred at Clark from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>[Signature]</i>	<b>23b. ADDRESS</b> <i>[Address]</i>	<b>23c. DATE SIGNED</b> <b>5-6-55</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>April 14, 1955</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Forest</b>
		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Norwood, Missouri</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>5-31-55</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. GENERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Russell W. Barber, Mtn. Grove</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 1 1953

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

*Russell W Barber*

Licensed Embalmer No. *3848*

P. O. Address *Wtn Grove, Va*

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.