

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38441

State File No.

No. 300
10. 48

FILED NOV 30 1956

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 506

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY OR TOWN <u>JOPLIN, MO.</u>	c. LENGTH OF STAY (in this place) <u>7 WKS</u>	c. CITY OR TOWN <u>NORTHVIEW MO.</u>	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 <u>ST JOHNS HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>11201</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>O.</u> b. (Middle) <u>A.</u> c. (Last) <u>GREGORY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 11 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 12 1883</u>	9. AGE (in years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET MERCHANT</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>GEORGE GREGORY</u>	13b. MOTHER'S MAIDEN NAME <u>MARY MARPLE</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>702-03-9705</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE GREGORY</u> ADDRESS <u>NORTHVIEW MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u>		<u>6 mo.</u>
	DUE TO (c) <u>Parkinsons disease</u>		<u>2 years.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>Sept. 22-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric fracture, right.</u>	20. AUTOPSY? <u>350XF</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Sept. 20, 19 56, to Nov. 10, 19 56, that I last saw the deceased alive on Nov. 10, 19 56, and that death occurred at 1:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Randolph M. D.</u>	23b. ADDRESS <u>607 Frisco Bldg., Joplin, Missouri</u>	23c. DATE SIGNED <u>11-14-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-13-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WELCH CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>WEBSTER, CO. MO</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>11-20-56</u>	REGISTRAR'S SIGNATURE <u>Novice Merriam</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-EDWARDS</u> ADDRESS <u>MARSHFIELD MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

526

County File
Health Office

Date Filed

NOV 27 1958
56-11-928

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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 *Robert Barber*

Licensed Embalmer No. 38

P. O. Address *Wetmore*

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.