

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025114  
State File No.

FILED AUG 12 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5493 Registrar's No. 30

0370  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY OR TOWN <u>Bluffton Mo</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 Months</u>		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Frene Valley Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oswald</u> b. (Middle) <u>Tilden Gregory</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>11</u> <u>1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April-22-1876</u>	9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR <u>2</u> MONTHS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Bluffton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>

13a. FATHER'S NAME <u>Peter Clay Gregory</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hampton</u>		14. NAME OF HUSBAND OR WIFE <u>Effie M Gregory</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Gregory Bluffton, Mo</u> ADDRESS _____	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DIS.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>
	ANTECEDENT CAUSES Morbidity 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 <u>4200</u>		20. AUTOPSY? <u>0</u> 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 5-, 1958, to 7-11, 1958 that I last saw the deceased alive on 7-10, 1958 and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George M. Workman MD</u>		23b. ADDRESS <u>HERMANN, MO</u>		23c. DATE SIGNED <u>7-13-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-14-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Best Bottom Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Bluffton Mo</u>	

DATE RECD BY LOCAL REG. <u>7-12-58</u>		REGISTRAR'S SIGNATURE <u>Delma Uffelman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home Americus Mo.</u> ADDRESS _____	
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(Licensed Embalmer's Statement on Reverse Side)

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MS  
APR 23 1958

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 *D B Baker*.....

Licensed Embalmer No.....3375...

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