

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033432

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. \_\_\_\_\_ Registrar's No. 154

AMENDED

**FILED SEP 20 1961**

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Franklin T.S.</u>	Length of stay in lb <u>6 yrs.</u>	c. CITY OR TOWN <u>Competition</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Iml. 3. of Drew Store</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>Rural Rt. #1</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Claude Oles Gregory, Sr.</u>	4. DATE OF DEATH Month Day Year <u>Sept. 9, 1961</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-23-27</u>	9. AGE (last birthday) <u>33</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer + laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>Tulsa, Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ira Gregory</u>	13b. MOTHER'S MAIDEN NAME <u>Sylvia Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Mable F. Gregory</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.II</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Ralph Gregory, Competition, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
IMMEDIATE CAUSE (a) <u>gun shot wound - (head)</u>		
DUE TO (b) _____		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>(22 Rifle) Carrying gun by barrel, under brush apparently caught on trigger causing gun to discharge.</u>
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20c. TIME OF INJURY Hour <u>3:15</u> p.m. Month, Day, Year <u>9-9-61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Competition Laclede MO.</u>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 3:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>A. J. Shadel</u>	22b. ADDRESS <u>Coroner City Rt 66, Lebanon, Mo.</u>	22c. DATE SIGNED <u>9-11-1961</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>9-11-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Home Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Falcon Missouri</u>
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24. FUNERAL DIRECTOR ADDRESS <u>A. J. Shadel Lebanon, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-11-1961</u>	26. REGISTRAR'S SIGNATURE <u>Hella L. Day</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 20 1961

MAR 7 1962

**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 Eric M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield

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.