

FILED APR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12178

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4218</u>		Registrar's No. <u>95</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. LENGTH OF STAY (in this place) <u>12 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ionia</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>				3. NAME OF DECEASED a. (First) <u>Catherine</u> b. (Middle) <u>Gough</u> c. (Last) <u>Gregory</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept. 8, 1868</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>60</u> Days <u>29</u>		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Morgan County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Isaac Gough</u>		13b. MOTHER'S MAIDEN NAME <u>Priscilla Nugent</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Levi Gregory</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Schnabel, Ionia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 153X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intestinal obstruction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION <u>3-27-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid</u>		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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>3-27</u> , 19 <u>49</u> , to <u>4-7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-7</u> , 19 <u>49</u> , and that death occurred at <u>7:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ray B Jordan M.D.</u>				23b. ADDRESS <u>Windsor, Mo.</u>		23c. DATE SIGNED <u>4-9-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-10-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		422 25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u>		ADDRESS <u>Windsor, Mo.</u>	

(Licensed Embelmer's Statement on Reverse Side)

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

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NOV 22 1949

MAY 19 1951

RECEIVED

District Health Officer No.

District File Number 3-49-1

Date Filed 4-18-49

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.

Signed William M. Turner

Signed Student Embalmer

Licensed Embalmer No. 4648

P. O. Address

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.