

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 5505 Registrar's No. 208

DO NOT WRITE ON THIS STUB

9. 0

10a. 71

10b. 90

11. 0

12. 3

13. 4109

14. 9

15. 9

16. 0

17. 0

18. 0

19. CREDITS

20. 1-0

VS 300
Rev. 1/68

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME 1. Ora Iven Gregory			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. Sept. 8, 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 71	UNDER 1 YEAR 5b. 7	UNDER 1 DAY 5c. 0	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Feb. 8, 1897
CITY, TOWN, OR LOCATION OF DEATH 7a. Blairstown, Rt. # 1,		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. No	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. His Home Rt. # 1 Blairstown, Mo.	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Divorced	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.	
SOCIAL SECURITY NUMBER 12. 500 10 6403	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Farm Laborer	KIND OF BUSINESS OR INDUSTRY 13b.		
RESIDENCE—STATE 14a. Missouri	COUNTY 14b. Henry	CITY, TOWN, OR LOCATION 14c. Blairstown,	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. No	STREET AND NUMBER 14e. Rt. # 1
FATHER—NAME 15. John Louis Gregory		MOTHER—MAIDEN NAME 16. Elizabeth Page Gregory		
INFORMANT—NAME 17a. Charles L. Gregory		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Rt. # 1, Box 145 Cozad, Nebraska 69130		
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) Unk. Known Nature of Causes				Immed.
(b) Probable Infection				
(c)				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G1)				AUTOPSY (YES OR NO) 19a. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) M, 20d.	
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. unattended	MONTH DAY YEAR 21b. unattended	TO 21c.	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21d.	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21e.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH 22b. approx. 12:30 P	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 22c. 9-9-68	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 22d. 3:00 P
CERTIFIER (NAME (TYPE OR PRINT)) 23a. Richard H. King M.D.	SIGNATURE 23b. Richard H. King M.D.	DEGREE OR TITLE 23c. 9-9-68	DATE SIGNED (MONTH, DAY, YEAR) 23d. 9-11-68	
MAILING ADDRESS—CERTIFIER 23e. Henry County Colone 1065 3rd Clinton Mo		STREET OR R.F.D. NO. 23f. 1065 3rd Clinton Mo	CITY OR TOWN 23g. Clinton Mo	STATE 23h. 64735
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Bethlehem Cemetery	LOCATION 24c. Clinton, Missouri, Rural	
DATE (MONTH, DAY, YEAR) 24d. Sept. 12, 1967	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Vansant Funeral Home, Clinton, Missouri 64735			
FUNERAL DIRECTOR—SIGNATURE 25a. D.H. Vansant	REGISTRAR—SIGNATURE 26a. Mildred Bigum	DATE RECEIVED BY LOCAL REGISTRAR 26b. Sept. 11, 1968		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

SEP 19 1968

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 *J. H. Vansant*
Signature of Student Embalmer

Signed *J. H. Vansant*

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.

Permit Renewed 9-11-68
(MBS)