

FILED FEB 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

131

BIRTH NO. _____		REG. DIST. NO. <u>320</u>		PRIMARY REG. DIST. NO. <u>4041</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH <u>Glenallen Mo,</u> a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Glenallen Lorance</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Glen Allen</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED (Type or Print) <u>Thomas</u>		a. (First) <u>Thomas</u>		b. (Middle) <u>Jacob</u>		c. (Last) <u>Gregory</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 1949</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>March 16 1858</u>		9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>9</u>		IF UNDER 24 HRS. Hours <u>_____</u> Min. <u>_____</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>_____</u>	
13a. FATHER'S NAME <u>Alford Gregory</u>		13b. MOTHER'S MAIDEN NAME <u>Stone</u>		14. NAME OF HUSBAND OR WIFE <u>Maranda Gregory</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>_____</u>		16. SOCIAL SECURITY NO. <u>_____</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tina Gregory Glenallen Mo,</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</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) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4343</u>				INTERVAL BETWEEN ONSET AND DEATH <u>_____</u>	
19a. DATE OF OPERATION <u>_____</u>		19b. MAJOR FINDINGS OF OPERATION <u>_____</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>_____</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>_____</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>_____</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>3</u>				22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>John J. Myers (Coroner)</u>		23b. ADDRESS <u>Lutesville Mo,</u>		23c. DATE SIGNED <u>Jan. 29-49</u>			
24a. BURIAL / CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 27 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Myers, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Glenallen Bollinger Mo,</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 29. 49</u>		REGISTRAR'S SIGNATURE <u>William H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. Baker</u>		ADDRESS <u>Lutesville Mo</u>	

(Licensed Embalmer's Statement of Reverse Side)

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

IVED

Officer No. 4  
249-1  
2-2-4

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 .....  
Student Embalmer

Signed \_\_\_\_\_

*A J Baker*

Licensed Embalmer No. 3573

P. O. Address *Intervale 2nd*

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.