

SEP 9- 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27567

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5325 Registrar's No. 26

2280

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

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL - COURTOISE</u>	c. LENGTH OF STAY (in this place) <u>50 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - COURTOISE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14 MILES SE OF STEELVILLE</u>		d. STREET ADDRESS <u>14 MILES SE OF STEELVILLE, MO.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>BERT</u> c. (Last) <u>GREGORY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-28-1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10-12-1882</u>	9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR: Months <u>10</u> Days <u>16</u> IF UNDER 1 HRS. Hours <u>16</u> Min.
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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 <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>CRAWFORD Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>WINFIELD SCOTT GREGORY</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN JANE COMPTON</u>	14. NAME OF HUSBAND OR WIFE <u>BELLE DORA</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>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. BELLE DORA GREGORY</u>	ADDRESS <u>STEELVILLE MO.</u>
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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>Thromia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-renal disease.</u>		
	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>442X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 3, 1952, to Aug 24, 1952, that I last saw the deceased alive on Aug 24, 1952, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John F. Campbell M.D.</u>	(Degree or title)	23b. ADDRESS <u>Steelville Mo</u>	23c. DATE SIGNED <u>4 Sept 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-30-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BERRYMAN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>BERRYMAN, MO.</u>
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DATE REC'D BY LOCAL REG. <u>9-5-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas L. Halbert</u>	ADDRESS <u>STEELVILLE, MO.</u>
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**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 Thomas S. Hallert

Licensed Embalmer No. 4332

P. O. Address STEELVILLE, 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 this body is not embalmed, fact should be so stated above.