

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17096**

BIRTH NO. <b>27637</b> <b>MAY 25 1953</b>		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>569</b>
1. PLACE OF DEATH a. COUNTY <b>Buchanan 0117</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Joseph 0117</b>		
c. LENGTH OF STAY (in this place) <b>6 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2802 1/2 Lafayette St</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>				
3. NAME OF DECEASED a. (First) <b>Jerry</b>		b. (Middle) <b>Lee</b>	c. (Last) <b>Gregory</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>05 15 53</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>New Born.</b>	8. DATE OF BIRTH <b>5-15-53</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Mins. <b>6 10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13. FATHER'S NAME <b>Phillip Lee Gregory</b>		13b. MOTHER'S MAIDEN NAME <b>Lila Louise Hessemer</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>C.L. Gregory St. Joseph, Mo</b>		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Immature infant</b> ANTECEDENT CAUSES <b>aggravated</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>776X</b>		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) (m.)	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 <b>5-15, 1953</b> , to <b>5-15, 1953</b> that I last saw the deceased alive on <b>5-15, 1953</b> , and that death occurred at <b>9:25 a.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>316 W. 10th</b>	23c. DATE SIGNED <b>5-16-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-16-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>May 18, 1953</b>	REGISTRAR'S SIGNATURE <b>Kathleen Mc Allison</b>	485	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] 1802 Union St</b>	
(Licensed Embalmers' Statement on Reverse Side) <b>St. Joseph, Mo.</b>				

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

**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 Robert H. Gable \_\_\_\_\_

Licensed Embalmer No. 3308 \_\_\_\_\_

P. O. Address St. Joseph, 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.