

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17338

State File No.

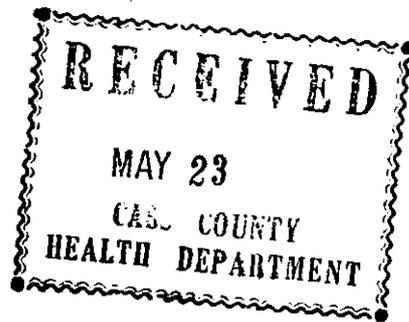
FILED MAY 25 1953

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4093 Registrar's No. 29

0190
1

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

1. PLACE OF DEATH a. COUNTY <u>Case</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Case</u>		
b. CITY OR TOWN <u>East Lynne</u>		c. LENGTH OF STAY (In this place) <u>15 yrs</u>	c. CITY OR TOWN <u>East Lynne</u>		0190
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) <u>ELISHA</u>		a. (First)	b. (Middle)	c. (Last) <u>GREGORY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-16-1953</u>
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>5-9-1867</u>	9. AGE (In years last birthday) <u>86</u>	if UNDER 1 year Months <u>-</u> Days <u>7</u> if UNDER 12 mos. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Richland, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Silas Gregory</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Hobson</u>	14. NAME OF HUSBAND OR WIFE <u>Oliver Gregory</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>496-09-5294</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Gregory</u> ADDRESS <u>East Lynne Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	DUPLICATE				<u>5-4-53</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				?
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				?
	DUE TO (b) <u>General Arteriosclerosis</u>				?
	DUE TO (c) <u>Diabetes Mellitus</u>				?
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				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)		<u>260x</u>	
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>13 Feb., 1953</u> to <u>16 May, 1953</u> , that I last saw the deceased alive on <u>15 May, 1953</u> , and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Roburn Ellis</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Garden City, Mo.</u>		23c. DATE SIGNED <u>5-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 20 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Afton Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Afton, Iowa</u>		
DATE REC'D BY LOCAL REG. <u>May 20, 1953</u>	REGISTRAR'S SIGNATURE <u>Alvora Barbara</u>	451	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Swartzler</u> ADDRESS <u>East Lynne Mo</u>		



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. D. Naylor

Licensed Embalmer No. 2717

P. O. Address East Lyme, Me.

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.