

No. 300
10. 48

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7889

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 286

1. PLACE OF DEATH
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN Rural 1st Campbell

c. CITY OR TOWN Rural 1st Campbell d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield RFD#2

e. STREET ADDRESS (If rural, give location) Springfield RFD#2 0390

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN JACK b. (Middle) D. c. (Last) GREGG

4. DATE OF DEATH (Month) (Day) (Year)
March 28, 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH 29 APRIL 1901

9. AGE (In years last birthday) 53 IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Oil Co. Employee

10b. KIND OF BUSINESS OR INDUSTRY
Oil Co.

11. BIRTHPLACE (City and State or Foreign Country)
TEXAS

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
JIM GREGG

13b. MOTHER'S MAIDEN NAME
UNKNOWN

14. NAME OF HUSBAND OR WIFE
RUBY GREGG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No No

16. SOCIAL SECURITY NO.
UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
RUBY GREGG SPGFD. MO.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound of Head
INTERVAL BETWEEN ONSET AND DEATH Instantly

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
E976X

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
At Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
1st Campbell Twp. Greene Missouri

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY
March 28, 1955 P

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
Self inflicted gunshot in head.

22. I hereby certify that I attended the deceased from _____, to _____, that I last saw the deceased alive on _____, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
E. Allen Picken 3 Coroner

23b. ADDRESS
Springfield, Missouri

23c. DATE SIGNED
3-30-55

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
4-1-55

24c. NAME OF CEMETERY OR CREMATORY
GREENLAWN CEME.

24d. LOCATION (City, town, or county) (State)
SPRINGFIELD, MO.

DATE REC'D BY LOCAL REG.
3-31-55

REGISTRAR'S SIGNATURE
Edith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Jim Clingner Co. Springfield, Mo.

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.....
Signature of Student Embalmer

Signed.....
Max R. [unclear]

Licensed Embalmer No.

P. O. Address.....
[unclear]

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.