

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001712  
STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 66

300  
-57

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>JOPLIN</b> <i>e 4:5</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FREEMAN HOSP.</b>		d. STREET ADDRESS <b>2431 PICHER AVE.</b>	
Length of stay in 1b <b>ALWAYS</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>WILLIS</b> Middle <b>FENTON</b> Last <b>GREGORY</b>			4. DATE OF DEATH <b>JANUARY 28, 1959</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 18, 1908</b>	9. AGE (In years last birthday) <b>50</b>	10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DOCK FOREMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CAMPBELL 66 EXPRESS</b>	11. BIRTHPLACE (City and state or country) <b>JOPLIN, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JAMES HENDERSON GREGORY</b>	13b. MOTHER'S MAIDEN NAME <b>MAUDE HYMER</b>	14. NAME OF HUSBAND OR WIFE <b>---</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>UNK</b>	17. INFORMANT <b>STIS- MRS. ROBERT PEARSON, JR., DR., JOPLIN</b> Address <b>SHOAL CLIFF</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cirrhosis of liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <b>5810</b> _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Bleeding esophageal varices</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <b>4-6-56</b> to <b>1-28-59</b> and last saw her alive on <b>1-28-59</b> Death occurred at <b>12:08</b> P on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>MD</b>	22b. ADDRESS <b>302 Medical Arts Bldg. Joplin,</b>	22c. DATE SIGNED <b>1-29-50</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1-30-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK,</b>	23d. LOCATION (City, town, or county) <b>JOPLIN, MISSOURI</b> (State)
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24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>2-5-1959</b>	26. REGISTRARS SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.

FEB 1 1948

VS APR 2 1959

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 *J. M. Jones* .....

Licensed Embalmer No. *3319* .....

P. O. Address *Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.