

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005578

STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 458

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		Length of stay in lb 36 YEARS	d. STREET ADDRESS (If outside, give location) 4300 CHARLOTTE ST.
3. NAME OF DECEASED (Type or print) First Middle Last OLIVER NEALE GREGG			4. DATE OF DEATH Month Day Year JANUARY 21 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 2, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER		10b. KIND OF BUSINESS OR INDUSTRY GUN SHOP	9. AGE (In years last birthday) 63 F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
11. BIRTHPLACE (City and state or country) MEXICO, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CHARLES VERDEN GREGG		13b. MOTHER'S MAIDEN NAME MINNIE NEALE	14. NAME OF HUSBAND OR WIFE MYRA KEUPER GREGG
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 457-38-7900	17. INFORMANT Address MRS. MYRA K. GREGG - 4300 CHARLOTTE, K.C. Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized peritonitis</i> DUE TO (b) <i>Perforation stomach & colon</i> DUE TO (c) <i>Bullet wound abdomen</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6917643			INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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 if item 18.) <i>accidentally shot while examining gun</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 1-19-59 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <i>Gun Shop</i>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Town City Jackson Mo.</i>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <i>1:20 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Myra K. Gregg</i>		22b. ADDRESS <i>1034 Riverview Blvd</i>	22c. DATE SIGNED <i>1-27-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>CREMATION</i>	23b. DATE <i>JAN 24 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>D.W. NEWCOMER'S SONS</i>	23d. LOCATION (City, town, or county) (State) <i>KANSAS CITY MISSOURI</i>
24. FUNERAL DIRECTOR <i>D.W. NEWCOMER'S SONS, KANSAS CITY, MO.</i>		25. DATE RECD. BY LOCAL REG. <i>1-24-59</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>

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

MS
DEC 15 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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address H.C. 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.