

FILED FEB 11 1943

Registration District No. 157

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2536

State File No. \_\_\_\_\_

Primary Registration District No. 5587

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Rural Preston Mo  
(c) Name of hospital or institution:  
2 mile south 1 mile west of Jasper  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 Mile South 1 Mile west of Carthage, Mo. (If rural, give location) Jasper Mo.  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME May Tressa Gresham

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Seth Gresham 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased May 3rd 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 8 16 hr. min.

9. Birthplace St. Charles Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Geo. Denton Stonebraker  
13. Birthplace Unknown Unknown  
14. Maiden name Maggie Gravins  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Guy Fenner  
(b) Address Carthage Mo.

17. (a) Burial (b) Date thereof Jan. 22-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Paradise Cem.

18. (a) Signature of funeral director Chas. J. Teeter  
(b) Address Jasper, Mo.

19. (a) Jan. 21 '43 (b) E. Elizabeth Compline  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19<sup>th</sup>  
year 1943 hour 11 minute 40 P.-M.

21. I hereby certify that I attended the deceased from Jan - 18<sup>th</sup>  
1943 to Jan 19 - 1943  
that I last saw her alive on 1-18-43 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature W. H. Knott M.D. (M.D. or other) \_\_\_\_\_  
Address Jasper, Mo. Date signed 1-20-43

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

48-7-27

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Phas. J. Teter*  
Licensed Embalmer No. 2566  
P. O. Address Jasper 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.**