

FILED FEB 15 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3887

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Jasper Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wash. Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jasper</u>	
c. LENGTH OF STAY (In this place) <u>17 years</u>		d. STREET ADDRESS (If rural, give location) <u>(none)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3 1949</u>	
3. NAME OF DECEASED (Type or Print) <u>HOMER</u>		c. (Last) <u>Gresham</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>July 4 1904</u>
9. AGE (In years last birthday) <u>44</u>		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) <u>machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>automobile</u>	
11. BIRTHPLACE (State or foreign country) <u>Jasper, Mo. USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Douglas Gresham</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Miller</u>	
14. NAME OF HUSBAND OR WIFE <u>(none)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>(none)</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp #3 Nevada Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Malignant neoplasm of abdomen</u> <u>site of origin unknown</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>✓</u>	
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION <u>(none)</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>(no)</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>✓</u>	
21f. HOW DID INJURY OCCUR? <u>✓</u>		22. I hereby certify that I attended the deceased from: <u>Feb 3, 1948</u> , to <u>Feb 3, 1949</u> , that I last saw the deceased alive on <u>Feb 3, 1949</u> , and that death occurred at <u>9:55 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>State Hospital #3</u>	
23c. DATE SIGNED <u>Feb 3-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Paradise</u>	
24d. LOCATION (City, town, or county) (State) <u>Jasper Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
DATE REC'D BY LOCAL REG. <u>Feb 9, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. ADDRESS <u>[Address]</u>		25. ADDRESS <u>[Address]</u>	

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

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RECEIVED

District Health Officer No. 7,

District File Number 1-49-70

Date Filed 2-14-49

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 _____

Edwin P. Wilks

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Edwin P. Wilks

Licensed Embalmer No. 4134

P. O. Address Jesse City 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.