

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19176

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 581	
1. PLACE OF DEATH a. COUNTY Greene b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield c. LENGTH OF STAY (In this place) 36 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION 820 McCann				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield d. STREET ADDRESS (If rural, give location) 820 McCann			
3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Gore c. (Last) Gresham			4. DATE OF DEATH (Month) June (Day) 30 (Year) 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 1, 1870	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Gore		13b. MOTHER'S MAIDEN NAME Ibbie Whitely		14. NAME OF HUSBAND OR WIFE Sherman T. Gresham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lois Gresham, Springfield, Missouri			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of vaginal wall ANTECEDENT CAUSES Morbidity 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. Senility. Chronic cystitis.				INTERVAL BETWEEN ONSET AND DEATH 6 mo. ? 176X ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. , 19 48 , to 6/30/49 , 19, that I last saw the deceased alive on 6/29/49 , 19, and that death occurred at 2:30 A m., from the causes and on the date stated above.							
23a. SIGNATURE J. B. Kemman, M.D. (Degree or title)				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 7-2-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 3, 1949		24c. NAME OF CEMETERY OR CREMATORY Eastlawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REG. 7-5-49		REGISTRAR'S SIGNATURE W. E. Harshey		25. FUNERAL DIRECTOR'S SIGNATURE Do Alma Schmeyer Funeral Home		ADDRESS Springfield, Mo.	

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

39
2

36
2
6

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed Julian R. Goodwin

Licensed Embalmer No. 4562

P. O. Address Springfield, Mo.

Signed.....
Student Embalmer

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.