

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17742

State File No.

FILED JUN 8 1950

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5943 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Springcreek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Springcreek 0810</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Edgar Springs</u>		d. STREET ADDRESS (If rural, give location) <u>Edgar Springs</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Reta Lois</u> b. (Middle) <u>Gresham</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>May 12-1950</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTH PLACE (State or foreign country) <u>Edgar Springs Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Milford Gresham</u>	
13b. MOTHER'S MAIDEN NAME <u>Fern Henson</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Milford Gresham</u>		ADDRESS <u>Edgar Springs 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Time birth)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS -Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>May 16 1950</u> and that death occurred at <u>6:50</u> a.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>S. J. Miller, M.D.</u> (Degree or title) _____		23b. ADDRESS <u>Roller Mo.</u>	
23c. DATE SIGNED <u>5/17/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 17-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Broadchairs</u>	
24d. LOCATION (City, town, or county) (State) <u>Edgar Springs Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lathum</u> ADDRESS <u>Newburg Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-24-50</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoltz</u> 380	

(Licensed Embalmer's Statement on Reverse Side)

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

810

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 6-6-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.