

FILED MAY 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13565

State File No. ....

BIRTH NO. 14523-51 REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4421 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parkville Platte Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parkville Platte Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Allen</u> b. (Middle) <u>Leonard</u> c. (Last) <u>Gresham</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 27 - 1951</u>
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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>Feb 18 - 1951</u>	9. AGE (If years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>9</u> IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during last of working life, or if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Wayne Gresham</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Peterson</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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>Wayne Gresham</u>	ADDRESS <u>Parkville</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hyperplastic lymph glands</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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April, 1951, to April, 1951, that I last saw the deceased alive on April 19, and that death occurred at 491X m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. D. Dwyer</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>1907 South Olive St. Parkville Mo.</u>	23c. DATE SIGNED <u>4/30/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/30/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Parkville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-30-51</u>	REGISTRAR'S SIGNATURE <u>Uphiea Robbins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland H. Francis</u>	ADDRESS <u>Parkville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 Leland H. Francis

Signed.....  
Student Embalmer

Licensed Embalmer No. 3457

P. O. Address Parkeville Md

**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.