

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32643

State File No.

FILED SEP 22 1953

8 30

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4421 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived ^{at least 10 days} immediately 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</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parkville</u> <u>0830</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>307 Main St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 Main St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Noah</u> b. (Middle) <u>Ellis</u> c. (Last) <u>Gresham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10-53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr. 13-1870</u>
9. AGE (In years last birthday) <u>83</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Independence Mo</u>
10a. USUAL OCCUPATION (Give kind of work during part of working life, even if retired) <u>sales</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>	
13a. FATHER'S NAME <u>J. W. Gresham</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Eva Gresham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify branch and dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth McFarland</u>		307 ADDRESS <u>parkville</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>Cardiac Decomposition</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardio. Renal Disease</u> DUE TO (c) <u>Respirator Infection</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured ribs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		260XF	
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 <u>3/12</u> , 19 <u>51</u> , to <u>9-8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-4</u> , 19 <u>53</u> , and that death occurred at <u>10:45 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Epiphany Jennings M.D.</u>		23b. ADDRESS <u>1181 1/2 St. Parkville Mo.</u>	
23c. DATE SIGNED <u>9-11-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 13-53</u>	
24c. NAME OF CEMETERY OR CREMATORIUM <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 12, 53</u>		REGISTRAR'S SIGNATURE <u>Epiphany Jennings</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland K. Francis</u>		ADDRESS <u>Parkville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address

Parkville, 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.