

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27313
3968

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3968			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place township) 50mo.		c. CITY OR TOWN KANSAS CITY		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL				e. STREET ADDRESS (If rural, give location) 515 MAPLE BLVD 3108					
3. NAME OF DECEASED (Type or Print) a. (First) SIDNEY			b. (Middle) N.		c. (Last) GREDING		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 14, 1954		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12-10-1875		9. AGE (In years last birthday) 78 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) merchandise Broker				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Milwaukee Wis.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James GREDING			13b. MOTHER'S MAIDEN NAME Emily Chaelstetter			14. NAME OF HUSBAND OR WIFE MRS. TYLLI GREDING			
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. 495-07-8610A		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. TYLLI GREDING 515 MAPLE BLVD. KANSAS CITY, MO.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer Stomach DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 151X	
19a. DATE OF OPERATION 6/10/54		19b. MAJOR FINDINGS OF OPERATION Carcinoma Stomach & Metastasis					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 9/8/53, 19 to 8/14, 1954, that I last saw the deceased alive on 8/13, 1954, and that death occurred at 2:40 AM., from the causes and on the date stated above.									
23a. SIGNATURE J. G. MONTGOMERY (Degree or title) D				23b. ADDRESS Profess Bldg KC Mo			23c. DATE SIGNED 8/14/54		
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE 8-16-54		24c. NAME OF CEMETERY OR CREMATORY Green Lawn		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 8-16-54		REGISTRAR'S SIGNATURE Geraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. N. Newcomer's Co. 1331 BRUSH CREEK KANSAS CITY, MISSOURI				

WRITE PLAINLY—USING UNFADING 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
Signature of Student Embalmer

Signed *Jess T. Dewar*

Licensed Embalmer No. *443*
P. O. Address *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.