

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5807

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 106

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	c. LENGTH OF STAY (in this place) 7 days	c. CITY OR TOWN Sedalia	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 Woodland Hospital		STREET ADDRESS (If rural, give location) 514 West 4th street 080%	

3. NAME OF DECEASED (Type or Print) a. (First) JOE	b. (Middle) A.	c. (Last) GRESHAM	4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1956
--	-----------------------	--------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 5, 1904	9. AGE (In years last birthday) 51	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) Peace officer	10b. KIND OF BUSINESS OR INDUSTRY City police	11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME Andrew Gresham	13b. MOTHER'S MAIDEN NAME Lutitia DeFries	14. NAME OF HUSBAND OR WIFE Winifred Blankenship Gresham
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) Yes	16. SOCIAL SECURITY NUMBER World War II 494-14-7003	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Winifred Gresham, 514 W. 4th Sedalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Adrenocortical insufficiency of st. kidney</i>		3 mo.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Due to (c) sarcopenia of left arm & pelvis</i>		3 mo.
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) Dec F	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 12/11, 1955, to 2/13, 1956, that I last saw the deceased alive on 2/13, 1956, and that death occurred at 2:42 P.m., from the causes and on the date stated above.

23a. SIGNATURE <i>H. J. Holdeman</i> (Degree or title) DO	23b. ADDRESS 1116 W. 2nd Sedalia Mo	23c. DATE SIGNED 2/14/56
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/15/56	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. 2-15-56	REGISTRAR'S SIGNATURE <i>Deanna County Dept. Health</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Wm. Ewing</i> Sedalia, Mo.
---	---	---

FEB 20 1958

MAR 2 1958

MAR 22 1958

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 *P. E. Baker*

Licensed Embalmer No. *24*

P. O. Address *Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.