

THE DIVISION OF HEALTH OF MISSOURI  
 FILED MAY 23 1956 STANDARD CERTIFICATE OF DEATH

State File No. **16376**  
**2005**

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>2005</b>			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>40 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		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 <b>Menorah Medical Center</b>				STREET ADDRESS (If rural, give location) <b>86 6635 Agnes</b> <b>388 D</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lyla</b> b. (Middle) <b>Edith</b> c. (Last) <b>Gresham</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 7, 1956</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 13, 1896</b>			
9. AGE (in years last birthday) <b>60</b>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>		11. BIRTHPLACE (City and State or Foreign Country); <b>WATERVILLE, KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>John Lundberg</b>			13b. MOTHER'S MAIDEN NAME <b>Lottie Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>Doyle GRESHAM</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>DOYLE GRESHAM</b>		ADDRESS <b>6635 AGNES KANSAS CITY MO</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Leiomyosarcoma originally of uterus originally operated at Mayo Clinic Oct 20, 1955 with generalized spread</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>at Mayo Clinic Oct 20, 1955</b> DUE TO (c) <b>with generalized spread</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>8 months</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>See above</b>				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) <b>174X</b>					
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?					
22. I hereby certify that I attended the deceased from <b>4-27, 1956</b> , to <b>5-7, 1956</b> , that I last saw the deceased alive on <b>5-7, 1956</b> , and that death occurred at <b>7:07 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Richard A. Twyman M.D.</b> (Degree or title)				23b. ADDRESS <b>4635 Wyandotte, Kc. Mo</b>		23c. DATE SIGNED <b>5-7-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 9 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>			
DATE REC'D BY LOCAL REG. <b>5-9-56</b>		REGISTRAR'S SIGNATURE <b>Neve Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Newcomer</b>		ADDRESS <b>1331 - BUSH CREEK KANSAS CITY, MO.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 Richard A. Twyman

**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..... *Robert Kay*

Licensed Embalmer No. *418*

P. O. Address *K. C.; M*

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.