

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1956

5017

State File No. 29723

BIRTH NO.		REG. DIST. NO. <i>07</i>		PRIMARY REG. DIST. NO. <i>4000</i>		Registrar's No. <i>123</i>	
1. PLACE OF DEATH a. COUNTY <i>Andrew</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Andrew</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Nedaway</i>		c. LENGTH OF STAY (In this place) <i>6 mo.</i>		c. CITY OR TOWN <i>Nedaway</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1/4 mi east of Savannah</i>				e. STREET ADDRESS (If rural, give location) <i>Rural - 1/4 mi. east of Savannah</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Frank</i> b. (Middle) <i>H.</i> c. (Last) <i>Gressly</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>September 20, 1956</i>				
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>March 1, 1875</i>	
9. AGE (In years last birthday) <i>81</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>		IF UNDER 6 HRS. Hours <i>0</i> Mins. <i>0</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Andrew County, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Gressly</i>		13b. MOTHER'S MAIDEN NAME <i>Rebecca Critchman</i>		14. NAME OF HUSBAND OR WIFE <i>Mable E. Gressly</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>489-32-3088</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Mildred Crawford Savannah, Mo.</i>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <i>Myocardial Infarction</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>hypertensive hemorrhage 24 hrs.</i> DUE TO (c) <i>Diabetes mellitus 20 yrs.</i>				INTERVAL BETWEEN ONSET AND DEATH	
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)		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 <i>7-4, 1956 to 9-20, 1956</i> that I last saw the deceased alive on <i>9-20, 1956</i> and that death occurred at <i>8:12 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Harriet C. Baker M.D.</i>				23b. ADDRESS <i>Savannah, Mo.</i>		23c. DATE SIGNED <i>9-21-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>9-22-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Dillmore Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Dillmore, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>9-22-56</i>		REGISTRAR'S SIGNATURE <i>L. Sparks</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. M. Reich, Savannah, Mo.</i>			

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Wm A Rich*

Licensed Embalmer No. *4220*

P. O. Address *Savannah*

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.