MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010500
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10397
28150

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 566

FILED APR 16 1962

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in Ib 2 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Prot. Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Sedgwick
c. CITY OR TOWN Wichita — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 1542 Garland (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First BESSIE Middle E. Last GRESHAM
4. DATE OF DEATH: Month April Day 7, Year 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9/15/1883
9. AGE (last birthday) 78 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Crawford Co., Indiana
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John W. Doolittle
13b. MOTHER'S MAIDEN NAME Elizabeth Cole
14. NAME OF HUSBAND OR WIFE A.B. Gresham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. ----
17. INFORMANT Mrs. D.H. Fisher, 2012 E. Woodland Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Liver Coma — INTERVAL BETWEEN ONSET AND DEATH 36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Post necrotic cirrhosis — unknown
DUE TO (c) Probable Hepatitis — many years ago.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Necrotizing papillitis – Kidney
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ —
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 5 Apr 62, to 7 Apr 62 and last saw her/him alive on 7 Apr 62
Death occurred at 9:55 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Daniel E. Holmes, M.D. (Degree or title)
22b. ADDRESS 600 S. Glenstone, Springfield
22c. DATE SIGNED 9 Apr 62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 4/9/1962
23c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery
23d. LOCATION (City, town, or county) (State) Wichita, Kansas
24. FUNERAL DIRECTOR Ralph Thieme ADDRESS 1200 Boonville Avenue Springfield, Missouri
25. DATE RECD. BY LOCAL REG. 4-11-62
26. REGISTRAR'S SIGNATURE Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
3			
4	1		
5	1		
6			
7	1		
8	1		
9	583X		
10			
11			
12	1-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

D Holmes 600 S. Glenstone

APR 16 1962

Permit issued 4-8-62

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_____ Signed Willard L. Strauser

Signature of Student Embalmer

Licensed Embalmer No. 5164

P. O. Address Rfd, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.