

BIRTH NO. 124 REG. DIST. NO. 1603 PRIMARY REG. DIST. NO. 5896 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson		
b. CITY OR TOWN RURAL Valle		c. LENGTH OF STAY (in this place) 3 yrs.	c. CITY OR TOWN RURAL - Valle		
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen. Del. / De Soto Mo.			d. STREET ADDRESS (If rural, give location) Gen. Del. De Soto, Mo.		

3. NAME OF DECEASED (Type or Print) a. (First) Stephen b. (Middle) James c. (Last) Cresswell			4. DATE OF DEATH (Month) (Day) (Year) JAN. 16-17-1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Nov. 29-1882	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) London, England		12. CITIZEN OF WHAT COUNTRY? No		

13a. FATHER'S NAME Wm. Cresswell		13b. MOTHER'S MAIDEN NAME ELIZA Fish		14. NAME OF HUSBAND OR WIFE SUSAN Ellen	
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. 498-10-9623		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. Henry Skiles De Soto, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Died from shotgun wound ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fluid in region of diaphragm into DUE TO (c) heart & lung region of his body.			INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. body.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 6976		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) house		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) De Soto Jefferson Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 16-17 1949		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 50	

22. I hereby certify that I attended the deceased from **De Soto, Mo.** on **Jan 17-1949**, 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at ____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Daniel J. Mahan Coroner		23b. ADDRESS De Soto, Mo.		23c. DATE SIGNED Jan 17-1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 19-1949		24c. NAME OF CEMETERY OR CREMATORY WOODLAWN PARK	
24d. LOCATION (City, town, or county) (State) De Soto Mo.		DATE REC'D BY LOCAL REG. 1-28-49		REGISTRAR'S SIGNATURE Marie Harris	
25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathershead		ADDRESS De Soto, Mo.			

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 8 1949

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 Andrew H. England
working under my personal supervision. Student Embalmer No. 232

Student
Student Embalmer

Signed J. E. Motherhead
Licensed Embalmer No. 3831
P. O. Address State 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 this body is not embalmed, fact should be so stated above.