

300
48

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13416

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 4493 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo. b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree	
c. LENGTH OF STAY (in this place) 1 year		d. STREET ADDRESS (If rural, give location) RD	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Amanda	b. (Middle) Bell	c. (Last) Cremeens	(Month) (Day) (Year) Nov 28-49		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 13-1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 4 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lewis Stafford		13b. MOTHER'S MAIDEN NAME Margaret Strickland		14. NAME OF HUSBAND OR WIFE James B Cremeens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS RD 2 Box 98 Louis Maus Ontario, Ore.	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Cancer of breast (supp. report) DUE TO (c) 7		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 Sept, 1949, to Nov 28, 1949, that I last saw the deceased alive on Nov 25, 1949, and that death occurred at 9 a m., from the causes and on the date stated above.

23a. SIGNATURE R. E. Davis (Degree or title) MD.	23b. ADDRESS Birch Tree Mo.	23c. DATE SIGNED 1/10-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-30-49	24c. NAME OF CEMETERY OR CREMATORY Bethlehem
24d. LOCATION (City, town, or county) (State) Birch Tree, Mo.		

DATE REC'D BY LOCAL REG. 1-10-50	REGISTRAR'S SIGNATURE B. B. ...	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS 306 Duncan Funeral Home Mtn View, Mo.
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1/12/50
District Health Officer No. 5,
District File Number 15041
Date Filed 1/13/50

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
Student Embalmer

Signed

John L. Keenan

Licensed Embalmer No. 2516

P. O. Address W. Keenan

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.