.S. No. 300
EV. 10.48

FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4317

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 471

0248 1

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

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS City, No.
c. LENGTH OF STAY (In this place): 15 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BRIARCLIFF HILLS 405 SAGAMORE LANE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS City, NORTH
d. STREET ADDRESS (If rural, give location): BRIARCLIFF HILLS 405 SAGAMORE LANE

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3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): CARlton
c. (Last): CRETORS

4. DATE OF DEATH (Month) (Day) (Year): JAN. 28 1952

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 6-1900
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MANAGER K.C. BRANCHES
10b. KIND OF BUSINESS OR INDUSTRY: COOK PAINT Co.
11. BIRTHPLACE (State or foreign country): LEAVENWORTH KANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LON CRETORS
13b. MOTHER'S MAIDEN NAME: IDA GEILER
14. NAME OF HUSBAND OR WIFE: NOREEN CRETORS

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.: 486-09-7210
17. INFORMANT'S SIGNATURE OR NAME: MRS NOREEN CRETORS — ADDRESS: 405 Sagamore Lane

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pending autopsy — INTERVAL BETWEEN ONSET AND DEATH: No

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Histoplasmosis, disseminated
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1342

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1951, *to* 28 Jan, 1952, *that I last saw the deceased alive on* 28 Jan, 1952, *and that death occurred at* 4 50 *m., from the causes and on the date stated above.*

23a. SIGNATURE Edw. H. Fischer MD (Degree or title): Edw H Fischer MD
23b. ADDRESS: 2025 Swift Nu Ric Mo
23c. DATE SIGNED: 1-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN. 30. 1952
24c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 1-30-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D. N. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____

working under my personal supervision.

Student Embalmer No. _____

Signed Elmer Thomas

Signed _____
Student Embalmer

Licensed Embalmer No. 2640

P. O. Address Kansas City, 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.