

STANDARD CERTIFICATE OF DEATH

7328

FILED MAR 11 1957

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 26

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-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Health, Welfare, Public Service
All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Moscow Mills
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Katie Jane Home		Length of stay in 1b 2 Mos	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Emma Middle Mirah Last Creech			4. DATE OF DEATH Month Feb. Day 17 Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 27, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 83
11. BIRTHPLACE (City and state or country) Chain of Rocks, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Arch Caldwell		13b. MOTHER'S MAIDEN NAME Jennie Martin	14. NAME OF HUSBAND OR WIFE Virgil Creech
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No NONE		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Mrs Ed. Weitkamp, Wright City, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Verdict of Cononer's Jury.			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Death due to fire at Katie Jane Home, about 2:35 P.M.			
DUE TO (c) Origin of fire undetermined. 9167			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 40			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Burning of Katie Jane Home		
20c. TIME OF INJURY 2:35 p.m.	Hour 2	Month, Day, Year 17 57	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Warrenton Home		20f. CITY, TOWN, OR LOCATION COUNTY 109 STATE Warrenton Missouri MO
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F. H. Knigge D.C. Coroner		22b. ADDRESS Warrenton, Missouri	22c. DATE SIGNED 3-10-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-21-57	23c. NAME OF CEMETERY OR CREMATORY Anderson Hill Cem.	23d. LOCATION (City, town, or county) (State) Moscow Mills, Mo
24. FUNERAL DIRECTOR ADDRESS Wayne McCoy Funeral Home, Troy, Mo.		25. DATE RECD. BY LOCAL REG. 3-10-57	26. REGISTRAR'S SIGNATURE Lloyd Logan

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 *John J. Lieburg*

Licensed Embalmer No. 3897.....
P. O. Address Warrenton, Or.

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.