S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13056

FILED APR 25 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1552

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY'S HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS
b. COUNTY: MARSHALL
c. CITY OR TOWN: AXTELL
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 8150 8

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): FRANCIS
c. (Last): Creevan

4. DATE OF DEATH (Month) (Day) (Year): APR 2, 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9 18 1890 Unknown
9. AGE (In years last birthday): 66
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): PHAIR MAKER
10b. KIND OF BUSINESS OR INDUSTRY: SELF
11. BIRTHPLACE (City and State or Foreign Country): Summerfield Kans.
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: SYLVESTER CREEVAN Unknown
13b. MOTHER'S MAIDEN NAME: KATHRYN CREEVAN Unknown
14. NAME OF HUSBAND/OR WIFE: HENRIETTA F. Sarah Catherine Creevan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 515-10-4288
17. INFORMANT'S SIGNATURE OR NAME: HENRIETTA F. Sarah Creevan
ADDRESS: Axtell, Kans.

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): Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Transitional Cell carc. of bladder with multiple mets — 1 yr
DUE TO (c): retroperitoneal, pulmonary

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 181X.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ 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* 6-1, 1956, *to* 4-2, 1957, *that I last saw the deceased alive on* 4-2, 1957, *and that death occurred at* 2:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William A. Stagge M.D.
23b. ADDRESS: 1030 Argyle K.C., Mo.
23c. DATE SIGNED: 4-3-57

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: APR. 6, 57
24c. NAME OF CEMETERY OR CREMATORY: ST. MICHAEL'S
24d. LOCATION (City, town, or county) (State): AXTELL, KANSAS

DATE REC'D BY LOCAL REG.: 4-3-57
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: LANDRETH THORNBURG
ADDRESS: AXTELL, KANS.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
CORR. by Aff. William A. Stagge

JUL 12 1957

JUL 2 1957

KP 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No.: 499

P. O. Address K. C., M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.