

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **41114**

FILED DEC 12 1957

Registration District No. **209** Primary Registration District No. **3043** Registrar's No. **473**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS 527 Olive	
3. NAME OF DECEASED (Type or print) First CARL Middle VENTIEN Last CREECH			4. DATE OF DEATH November 28, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 6, 1928
9. AGE (In years last birthday) 29		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant Manager	
11. BIRTHPLACE (City and state or country) Hannibal Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Arthur B. Creech		14. MOTHER'S MAIDEN NAME Relena M. Capps	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 191 26 8028	
17. INFORMANT Mrs. Carl V. Creech		Address Hannibal Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) basal fracture of skull			INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) laceration left arm and left knee, multiple contusions			2 hours
DUE TO (c) extreme shock			2 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) automobile accident Collided with a truck	
20c. TIME OF INJURY Hour 9:45 Month, Day, Year p. m. 11-27-57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway	
20e. CITY, TOWN, OR LOCATION Hannibal		20f. CITY, TOWN, OR LOCATION Marion COUNTY Missouri STATE	
21. I attended the deceased from 11-27-57 to 11-28-57 and last saw her/him alive on 11-28-57 Death occurred at 12:10 h. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. A. Sultzman M.D. (Degree or title)		22b. ADDRESS 115 N. 5th St. Hannibal, Mo.	
22c. DATE SIGNED 12-3-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11/30/57		23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park	
23d. LOCATION (City, town, or county) (State) Hannibal Missouri		24. FUNERAL DIRECTOR W. C. Fisher ADDRESS Hannibal Missouri	
25. DATE RECD. BY LOCAL REG. 12-5-57		26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke, W. C. Fisher	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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Health, Welfare, Public Service

RECEIVED DEC 10 1957
MARION CO. HEALTH DEPT.
DATE FILED DEC 10 1957

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 S. Stone*.....

Licensed Embalmer No. 4540

P. O. Address Hannibal Mis

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.