Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018173
STATE FILE NUMBER

FILED MAY 19 1959 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN Webb City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 301 S. Main St. — Length of stay in Ib 75 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Webb City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 301 S. Main St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Fred Middle: J Last: Creech
4. DATE OF DEATH Month: May Day: 10 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: July 17, 1876
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR Months: 9 Days: 23 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hoisterman (Lead & Zinc Mines)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Decater, Ill.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Preston J. Creech
13b. MOTHER'S MAIDEN NAME: Emiley Thomas
14. NAME OF HUSBAND OR WIFE: Marie Creech
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: Mrs. Ted Alexander Address: 301 S. Main St Webb City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 11 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis + hypertension — Unknown.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-2-52 to 5-10-59 and last saw him alive on 5-10-59
Death occurred at 4:35 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.M. Ferguson (Degree or title) M.D.
22b. ADDRESS Webb City, Mo.
22c. DATE SIGNED 5-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-12-59
23c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery
23d. LOCATION (City, town, or county) (State) Carterville, Mo.

24. FUNERAL DIRECTOR Johnston-Arnce-Simpson ADDRESS Webb City, Mo.
25. DATE RECD. BY LOCAL REG. 5-12-59
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be noted. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R.M. Ferguson—M.D.

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, M

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.