

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010326

AMENDED

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 130

STATE FILE NUMBER

FILED APR 11 1961

1. PLACE OF DEATH a. COUNTY <u>ST FRANCOIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST FRANCOIS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FARMINGTON MO.</u>		Length of stay in lb	c. CITY OR TOWN <u>FARMINGTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>322 N. A St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>322 N A st</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM GORDON CRESSWELL</u>			4. DATE OF DEATH Month Day Year <u>APRIL 4 1961</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/21/87</u>	9. AGE (last birthday) <u>73</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>POTOSI MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM GILBERT CRESSWELL</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH E. HUDSON</u>		14. NAME OF HUSBAND OR WIFE <u>RUTH SPRINGER CRESSWELL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>MRS RUTH CRESSWELL FARMINGTON MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>years.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bronchiectasis + Bronchitis</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>May 20, 1957</u> to <u>April 4, 1961</u> and last saw <u>him</u> alive on <u>April 3, 1961</u> Death occurred at <u>6³⁰ A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>K. A. Huckstep M.D.</u>			22b. ADDRESS <u>301 West of Liberty Farmington Mo.</u>		22c. DATE SIGNED <u>4-4-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4/6/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>K. OF P.</u>	23d. LOCATION (City, town, or county) <u>FARMINGTON MO.</u>	23e. STATE <u>MISSOURI</u>		
24. FUNERAL DIRECTOR ADDRESS <u>C. H. COZEAN FARMINGTON MO.</u>		25. DATE RECD. BY LOCAL REG. <u>April 6, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Ether R. Rudloff</u>			

DATE AMENDED

INSTEAD OF DOCUMENT

BY AFFIDAVIT OF SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 W. A. Cozear

Licensed Embalmer No. 4089

P. O. Address Farmington

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.