

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=61-020577
STATE FILE NUMBER

AMENDED

Registration District No. 47

Primary Registration District No. 5168

Registrar's No. 157

LED JUL 10 1961

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>N. Carolina</u> COUNTY <u>unk</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural McCredie, Twp</u>		Length of stay in 1b <u>Instant</u>	c. CITY OR TOWN <u>High Point</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 1/4 INSTITUTION <u>1/4 Mi. W. Kingdom City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1415 Hamilton St</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Gilbert</u> Middle <u>Larry</u> Last <u>Creasey</u>			4. DATE OF DEATH Month <u>June</u> Day <u>30</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/20/1941</u>	9. AGE (last birthday) <u>19</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Schilling Air Force Base, Salina, Kans</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>High Point, N. C.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank E. Creasey</u>		13b. MOTHER'S MAIDEN NAME <u>Mary C. Richard</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service <u>yes Present time</u>			17. INFORMANT Address <u>Whiteman AFB Missouri</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>Comminuted, fractures of entire facial bones and neck. Probably internal injuries, Contusions and lacerations</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u>					
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"/>		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.) <u>Car went out of control on curve on Highway 40 crashed head on into a station wagon overturning</u>		
20c. TIME OF INJURY <u>5:25 p.m.</u>		Month, Day, Year <u>6/30/61</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 40 1/4 Mi W. Kingdom City</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Callaway Missouri</u>		20g. COUNTY STATE <u>Callaway Missouri</u>	
21. I attended the deceased from <u>5:25 P.M.</u> to <u> </u> and last saw her/him alive on <u> </u> . Death occurred at <u> </u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Dennis C. Browning, coroner</u>			22b. ADDRESS <u>Fulton, Mo.</u>		22c. DATE SIGNED <u>7-1-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>July 1, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>unk</u>		23d. LOCATION (City, town, or county) (State) <u>High Point N. Carolina</u>
24. FUNERAL DIRECTOR ADDRESS <u>Wallace Funeral Home Fulton Mo</u>			25. DATE RECD. BY LOCAL REG. <u>July 1-1961</u>		26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 JUL 11 SA

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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 *A.R. Mames*

Licensed Embalmer No. 4996

P. O. Address Fulton, N.C.

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.