

STANDARD CERTIFICATE OF DEATH

State File No. **41267**

FILED JAN 8 1952

REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1108

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Tunas Grant Twp</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Springfield Baptist</u>		d. STREET ADDRESS (If rural, give location) <u>Tunas Mo Rural Park</u>	
3. NAME OF DECEASED a. (First) <u>Horace</u> b. (Middle) <u>L</u> c. (Last) <u>Cressey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-30-1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>5-6-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	9. AGE (In years) (If under 1 year last birthday) (If under 1 month) (If under 1 day) (If under 1 min.) <u>73</u> <u>7</u> <u>18</u>
11. BIRTHPLACE (State or foreign country) <u>Des Moines Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Bozeman Cressey</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah M. Scobe</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>no</u>	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Putnam Milant II</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> <u>4 yrs</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid Arthritis.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec 28</u> , 19 <u>51</u> , to <u>Dec. 30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 29</u> , 19 <u>51</u> , and that death occurred at <u>4:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Lloyd Callaway Jr. M.D.</u>		23b. ADDRESS <u>Springfield, Mo</u>	23c. DATE SIGNED <u>1/2/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-1-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas Co. Mo</u>
DATE REC'D BY LOCAL REG. <u>1-3-52</u>	REGISTRAR'S SIGNATURE <u>James R. Amor, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery - Vaughan, Buffalo, Mo</u>	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Blythe Montgomery*

Licensed Embalmer No. *3592*

P. O. Address *Bullala, Ind*

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 this body is not embalmed, fact should be so stated above.