

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8319**  
Registrar's No. **1448**

FILED APR 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City, Missouri</b>	
c. LENGTH OF STAY (in this place) <b>50 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>4026 Central</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>4026 Central</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>W.</b> c. (Last) <b>Creswell</b>			4. DATE OF DEATH (Month) <b>3</b> (Day) <b>28</b> (Year) <b>1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>11-26-1852</b>		9. AGE (In years last birthday) <b>99</b>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Carroll County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Abraham Creswell</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda M. White</b>		14. NAME OF HUSBAND OR WIFE <b>Rosetta Creswell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Wood Sparks, 4026 Central</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia - bronchial - acute</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Senility</b>			<b>2 weeks</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchiectasis</b> DUE TO (c)			<b>20 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) m.		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 1950, 19  , to 3-28, 1952, that I last saw the deceased alive on 3-28, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>John H. Wheeler</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>411 Nichols Rd</b>		23c. DATE SIGNED <b>3-28-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/31/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Moriah</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>3-29-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Freeman Mortuary 104 West 42nd St.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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3688

**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.....

*Clayton R. Barnes*

Licensed Embalmer No. 4793

P. O. Address.....

*LC, Mo.*

Signed.....  
Student Embalmer

**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.**