

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19128**

No. 300
10.48
FILED JUN 9 1952

REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3067** Registrar's No. **95**

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

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY VERNON	
b. CITY OR TOWN NEVADA		c. CITY OR TOWN NEVADA	
c. LENGTH OF STAY (In this place) 4 YRS		d. STREET ADDRESS (If rural, give location) 1082 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION MCCART NURSING HOME			
3. NAME OF DECEASED (Type or Print) CHARLES		4. DATE OF DEATH (Month) (Day) (Year) MAY 11 1952	
a. (First) CHARLES		b. (Middle) U	
c. (Last) CREAMER			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB 6 1869
9. AGE (In years last birthday) 83	# UNDER 1 YEAR Months 3	YEAR Days 5	# UNDER 100 Hrs. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM	
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JOHN A CREAMER		13b. MOTHER'S MAIDEN NAME JANE ROSE	
14. NAME OF HUSBAND OR WIFE IDA MAY LONG			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Mr Gene White 600 Hickory Road Mo			
ADDRESS 600 Hickory Road Mo			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis	
		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Don't know	
		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced age	
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) ✓		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 1-18 , 19 51 , to 5-11 , 19 52 , that I last saw the deceased alive on 5-11 , 19 52 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE W. B. Love MD		23b. ADDRESS Nevada, Mo.	
23c. DATE SIGNED 5-28-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAY 14 1952	
24c. NAME OF CEMETERY OR CREMATORY BLUFF		24d. LOCATION (City, town, or county) (State) BARTON MO	
25. DATE REC'D BY LOCAL REG. 6-6-1952		REGISTRAR'S SIGNATURE Anna F. Ferry	
25. FUNERAL DIRECTOR'S SIGNATURE S. Bernard Perry		ADDRESS Sheldon Mo	

(Increased Employer's Statement on Reverse Side)

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
Student Embalmer

Signed *S. Bernard Beery*

Licensed Embalmer No. 4161

P. O. Address *Shelton, Mo*

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.