

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42460

State File No.

FILED JAN 7 1954

BIRTH NO. ... REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 468 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maysville</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maysville</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION					

3. NAME OF DECEASED (Type or Print) a. (First) <u>LESLIE</u> b. (Middle) <u>JENNINGS</u> c. (Last) <u>McCREA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 17 1896</u>		9. AGE (In years last birthday) <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shop Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile Repair</u>	11. BIRTHPLACE (State or foreign country) <u>DeKalb County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Robert McCrea</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Fry</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby McCrea Maysville Mo</u>	
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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>86-03-7337</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Buby McCrea Maysville Mo</u>		
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>4-201</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1943 to Dec 21, 1953 that I last saw the deceased alive on Dec 21, 1953, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Harold Fowler M.D.</u>		23b. ADDRESS <u>Maysville Mo</u>		23c. DATE SIGNED <u>12/22-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 24th 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Butler</u>		24d. LOCATION (City, town, or county) (State) <u>King City Mo (R.F.D.) Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-3-54</u>		REGISTRAR'S SIGNATURE <u>Joseph Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FILCHER FUNERAL HOME MAYSVILLE MO.</u>	
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03 20

03 20
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1954
MAY 4
1954
JUN 3

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 

G.T. Pilcher
Licensed Embalmer No. 3960

P. O. Address Maysville 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.