

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18400

State File No.

BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 5324 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bourbon "Rural" Boone</u>		c. LENGTH OF STAY (in this place) <u>WIFE</u>	c. CITY OR TOWN <u>Bourbon</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home-</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0280</u> <u>2 1/2 miles south of Bourbon RFD 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bunch</u> b. (Middle) <u>May</u> c. (Last) <u>Cresswell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 15-1886</u>		9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>21</u> IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bourbon Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Louis Honea</u>		13b. MOTHER'S MAIDEN NAME <u>EVA PORTER</u>		14. NAME OF HUSBAND <u>Joseph Cresswell</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph Cresswell - Bourbon, MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>METASTATIC CARCINOMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 YRS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA OF COLON</u>		<u>5 YRS</u>
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ACUTE PULMONARY EDEMA</u>			<u>4 HOURS</u>

19a. DATE OF OPERATION <u>AUG 18-1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF LEFT COLON</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 MARCH 9, 1954, to JULY 6, 1954, that I last saw the deceased alive on JULY 6, 1954, and that death occurred at 5:48 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard T. Warden, M.D.</u>		23b. ADDRESS <u>Bourbon, Missouri</u>		23c. DATE SIGNED <u>7-7-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JULY 9-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bourbon Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bourbon MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman C. Thoren</u>		ADDRESS <u>Cuba MO</u>	
DATE REC'D BY LOCAL REG. <u>7-8-1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		75	

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

APR 19 1954

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 *Hermon C. Hoener*.....

Licensed Embalmer No. *4622*

P. O. Address *Cuba, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.