

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36797**  
Registrar's No. **4779**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Miami</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. CITY OR TOWN <b>Oswatimie</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>7 hrs</b>		STREET ADDRESS (If rural, give location) <b>1138 S. 4th Street 815 8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Richard</b> b. (Middle) <b>LeRoy</b> c. (Last) <b>Creighton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 6 - 55</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-12-34</b>
9. AGE (In years last birthday) <b>21</b>		if UNDER 1 YEAR Months Days	if UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Awning Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Parker, Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>James Creighton</b>		13b. MOTHER'S MAIDEN NAME <b>Leota Hope</b>		14. NAME OF HUSBAND OR WIFE <b>Carol Creighton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>51330-3892</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Birchard Funeral Home, Oswatimie, Ks.</b>	

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) <b>Shock</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Ruptured sigmoid</b>		<b>8-10 hrs</b>	
		DUE TO (c) <b>Peritonitis</b>		<b>25 hrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Contusion of abdomen</b>			

19a. DATE OF OPERATION <b>11/6/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Peritonitis, rupture of sigmoid</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Injury</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Oswatimie Kansas</b> (COUNTY) <b>Miami</b> (STATE) <b>Ks.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) <b>11 5 55</b> (Hour) <b>5 P.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Truck overturned</b>	

22. I hereby certify that I attended the deceased from **11/6, 1955**, to **11/6, 1955**, that I last saw the deceased alive on **11/6, 1955**, and that death occurred at **8 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C.B. Schutz</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>330 S 47th St. Okla</b>		23c. DATE SIGNED <b>11/7/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-7-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oswatimie, Kansas</b>	

DATE REC'D BY LOCAL REG. <b>11-7-55</b>		REGISTRAR'S SIGNATURE <b>Reva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stine &amp; McClure Und. Co.</b> ADDRESS <b>K.C. Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Gerald A. Buzer*.....

Licensed Embalmer No. *42*

P. O. Address *K. C. M.*

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.