

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17309

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> <u>1821</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u> <u>4</u>		c. LENGTH OF STAY (In this place) <u>3 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u> <u>d</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Louisiana Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>206 North Main St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> b. (Middle) <u>DENNIS</u> c. (Last) <u>CREAMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 17, 1956</u>				
5. SEX <u>Male</u> <input checked="" type="checkbox"/>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 16, 1879</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mail Carrier</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Mail Carrier</u>		11. BIRTHPLACE (State or foreign country) <u>Pike Co., Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Michael B. Creamer</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. O'Brien</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Creamer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nora Creamer, Louisiana, Mo.</u>			
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) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of hip</u>							
19a. DATE OF OPERATION <u>10-7-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Pinned left hip</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Louisiana Pike Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-24-55</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Patient fell</u>			
22. I hereby certify that I attended the deceased from <u>1949</u> , to <u>5-17, 1956</u> , that I last saw the deceased alive on <u>5-18, 1956</u> , and that death occurred at <u>10:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter J. ... M.D.</u>				23b. ADDRESS <u>Louisiana, Missouri</u>		23c. DATE SIGNED <u>5-18-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/19/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Louisiana, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>May 23, 1956</u>		REGISTRAR'S SIGNATURE <u>Bernese Callier</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sterne Funeral Home, Louisiana, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 13 1950

JUL 28 1950

APR 28 1950

**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 Virginia M. Sterne

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.