

Dept. Health,  
oc. & Welfare  
J. S. Public  
Health Service

FILED JAN 14 1958

STANDARD CERTIFICATE OF DEATH

45141

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4356 Registrar's No. 10

V. S. 300  
Rev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Monroe</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. <b>Monroe</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Holliday</b>		c. CITY OR TOWN <b>Holliday</b> <span style="float: right;">0690</span>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>XXXXXXXXXX</b>		d. STREET ADDRESS (If outside, give location) <b>XXXXXXXXXX</b>	
3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b>Belle</b> Last <b>McCreery</b>		4. DATE OF DEATH Month <b>12</b> Day <b>27</b> Year <b>57</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOW <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1/26/1861</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home-making</b>	11. BIRTHPLACE (City and state or country) <b>Mexico, Missouri</b>
13a. FATHER'S NAME <b>William Polwell</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Kersey</b>	14. NAME OF HUSBAND OR WIFE <b>R G McCreery</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Mrs. Chas Glasseook</b> Address <b>Holliday Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 Days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331X</b>			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <b>Dec 15</b> to <b>Dec 27</b> and last saw her alive on <b>Dec 27 57</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Geo M. Reynolds M.D.</b>		22b. ADDRESS <b>Reynolds</b>	
22c. DATE-SIGNED <b>12-27-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>12-28-57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Holliday Missouri</b>	
24. FUNERAL DIRECTOR <b>Fred G. Hartman</b> ADDRESS <b>Madison</b>		25. DATE RECD. BY LOCAL REG. <b>12-28-57 1-7-58</b>	
		26. REGISTRAR'S SIGNATURE <b>E. L. Robertson</b>	

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(Licensed Embalmer'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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *Ma. Fred A. Thompson*

Licensed Embalmer No. **3282**  
P. O. Address **Madison, 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.