

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011015

STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 59

Health, Welfare, Public Service  
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1-563822  
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Director, coroner, etc. must use only standard nomenclature in Part I. No symptoms written as natural causes. Coroner cannot certify to a death due to natural causes.

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>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>			Length of stay in lb <u>17 days</u>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>THOMAS</u> Middle <u>FRANCIS</u> Last <u>CREAMER</u>				4. DATE OF DEATH Month <u>MARCH</u> Day <u>25</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 4, 1881</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> 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>Retired railroad worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired railroad worker</u>		11. BIRTHPLACE (City and state or country) <u>Louisiana, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>Michael B. Creamer</u>				14. MOTHER'S MAIDEN NAME <u>Mary E. O'Brien</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>709-10-9416</u>		17. INFORMANT Address <u>Thomas F. Creamer, Dallas, Texas</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia from complete anuria</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Lobar Pneumonia</u>	
DUE TO (c) <u>Concussion, Extensive laceration of forehead, ragged and contusing</u>						2 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Deep hemorrhage in neck with laryngeal obstruction, Tracheotomy</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I for Part II of item 18.) <u>Fracture of cartilage of trachea Automobile Accident</u>					
20c. TIME OF INJURY Hour <u>7:00</u> Month <u>3/8</u> Day <u>58</u> a. m. <u>0</u> p. m. <u>0</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>highway 54</u>		20f. CITY, TOWN, OR LOCATION <u>2 Miles West of Bowling Green</u> COUNTY <u>Pike</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>3/8/58</u> to <u>3/25/58</u> and last saw <sup>her</sup> him alive on <u>3/25/58</u> Death occurred at <u>10:35</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated. (Degree or title) <u>M.D.</u>							
22a. ADDRESS <u>Louisiana, Missouri</u>				22b. DATE SIGNED <u>3/25/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3/27/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lt. Olivet Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>	
24. FUNERAL DIRECTOR <u>Sterne Funeral Home, Louisiana, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>March 27, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 17 1958

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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 *Virginia M. Stone*.....

Licensed Embalmer No..46.

P. O. Address *Louisiana*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.