

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019031

STATE FILE NUMBER

FILED JUN 9 1958

Registration District No. 212

Primary Registration District No. 5779

Registrar's No. 33

5. 300
1-57

3

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CAMDEN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EIDON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN OSAGE BEACH ⁰¹⁵⁰ 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hy. 54 2 mi S. of Eidon		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) BASS RESORT.
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE DARWIN CREMER			4. DATE OF DEATH Month Day Year MAY 23 1958
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 19, 1941
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER.		9b. KIND OF BUSINESS OR INDUSTRY RESORT	9c. AGE (In years last birthday) 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. CITIZEN OF WHAT COUNTRY? U.S.A.
11. BIRTHPLACE (City and state or country) TOPEKA, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE CREMER		13b. MOTHER'S MAIDEN NAME BERNICE	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 500-40-5216		17. INFORMANT DEWEY BASS Address OSAGE BEACH, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FRACTURE of SKULL			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) COMPOUND FRACTURE RIGHT LEG			10 mi
DUE TO (c) Auto ACCIDENT Hy St S. of EIDON			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 or PART II of item 18.) Auto ACCIDENT	
20c. TIME OF INJURY Hour Month, Day, Year 10 p.m. 5-23-58			
20d. INJURY OCCURRED WHILE AT <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.) Hy St S. of Eidon	
20f. CITY, TOWN, OR LOCATION EIDON		COUNTY 066 STATE MO.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10: P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Herman V. Albett, Sheriff (Degree or title)		22b. ADDRESS Jesseville, MO.	
22c. DATE SIGNED 5-24-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 26, 1958	
23c. NAME OF CEMETERY OR CREMATORY CONWAY		23d. LOCATION (City, town, or county) (State) OSAGE BEACH MO.	
24. FUNERAL DIRECTOR Louis S. Phillips		25. DATE RECD. BY LOCAL REG. MAY 26, 1958	
ADDRESS Eidon		26. REGISTRAR'S SIGNATURE Al Werratta Walt	

RECEIVED

JUN 4 '58

Miller County
Health Department

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 *Louis W. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Walden*

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.