

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022459  
State File No. ....

FILED JUL 7 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural (Bedford)</u> ) <u>Lincoln County Memorial Hosp.</u>		c. LENGTH OF STAY (in this place) <u>5da</u>	c. CITY OR TOWN <u>0510</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>5 Miles west of Hawkpoint MO.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>TINNIE</u>	b. (Middle) <u>AMATHA</u>	c. (Last) <u>CREGGER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 12, 1886</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Moscow Mills MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Johnson Reynolds</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Cooper</u>	14. NAME OF HUSBAND OR WIFE <u>Herman Cregger</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herman Cregger</u>	ADDRESS <u>Hawkpoint MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE VASCULAR DISEASE</u>		<u>UNK</u>
	DUE TO (c) <u>ARTERIOSCLEROSIS, GENERALIZED</u>		<u>UNK</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from JUNE 24, 1958, to June 28, 1958, that I last saw the deceased alive on JUNE 28, 1958, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul T. Berry MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Troy, MO.</u>	23c. DATE SIGNED <u>7-2-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 1, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hawkpoint Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hawkpoint MO.</u>
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DATE REC'D BY LOCAL REG. <u>7-3-58</u>	REGISTRAR'S SIGNATURE <u>Charlotte Leek Deputy D.O.</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>M. Boy Troy MO.</u>	ADDRESS
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(Licensed Embalmer's statement on Reverse Side)

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

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.....  
*D. W. McCoy*

Licensed Embalmer No. 358

P. O. Address. Troy, 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.