

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026064

STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 163 Primary Registration District No. 5292 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON			
b. CITY (If outside limits, give TOWNSHIP only) Inside Limits OR JEFFERSON TOWNSHIP Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN FESTUS, MO. 0502 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION ROSE HILL HOME 6 Mos.				d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) HOWARD S. McCREARY			4. DATE OF DEATH Month July Day 4 Year 1958				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15, 1875	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) ST. FRANCIS CO., MO.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME PHILANDER McCREARY				
14. MOTHER'S MAIDEN NAME LUCINDY PIRTLE			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. 353-20-4918			17. INFORMANT EUGENE McCREARY, FESTUS, MO Address - R.R. #1				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of colon					INTERVAL BETWEEN ONSET AND DEATH 1538		
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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 21		
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 WORK <input type="checkbox"/> NOT WHILE 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 March 18, 58 , to July 1, 58 and last saw ^{her} him alive on July 1, 58 Death occurred at _____ a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Bertram Dwyer, M.D.			22b. ADDRESS Festus, Mo		22c. DATE SIGNED 7/5/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-7-58	23c. NAME OF CEMETERY OR CORPORATION ROSELAWN		23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.		
24. FUNERAL DIRECTOR James R. Cady, Crystal City, Mo			25. DATE RECD. BY LOCAL REG. 7-7-1958		26. REGISTRAR'S SIGNATURE Marie Hanna		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare Public Service
300 1-56
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. Coroner cannot certify to a death due to natural causes.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

JUL 14 1950

DATE RECEIVED

~~JUL 14 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.....
Signature of Student Embalmer

Signed *James Richard Cady*
Licensed Embalmer No. *430*
P. O. Address *CRYSTAL*

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.