

Health, & Welfare
Public Health Service
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S. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028007
STATE FILE NUMBER

FILED JUL 16 1958 Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY WARREN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WARREN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WARRENTON		c. CITY OR TOWN WARRENTON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KATIE JANE HOME		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 18 MONTHS		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ALLEN Middle BENTON Last CREGAR			4. DATE OF DEATH Month July Day 9 Year 58		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 4 1895		9. AGE (In years of last birthday) 67
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) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN CREGAR		13b. MOTHER'S MAIDEN NAME ELIZABETH JOHNS		14. NAME OF HUSBAND OR WIFE LOTTIE CREGAR	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -NONE	17. INFORMANT Address BERT CREGAR, JONESBURG		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis & atherosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH rel.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Stroke DUE TO (c) Cerebral aneurysm ruptured left tubercle vessel			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not stated to the terminal disease condition given in PART I (a). in fall July 3 1958			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <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 Dec 5 1956 to July 9 1958 and last saw him alive on July 8 1958		Death occurred at 10:50 P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul W. Hatcher M.D.		22b. ADDRESS Warrenton Mo		22c. DATE SIGNED 7-4-58	

23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 7-12-58		23c. NAME OF CEMETERY OR CREMATORY JONESBURG		23d. LOCATION (City, town, or county) (State) JONESBURG Mo	
24. FUNERAL DIRECTOR W.A. Hedding		ADDRESS Jonesburg Mo		25. DATE RECD. BY LOCAL REG. July 11, 1958		26. REGISTRAR'S SIGNATURE Floyd Logan	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 *Carl A. Harding*

Licensed Embalmer No. *4115*
P. O. Address *Greenville, S.C.*

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.