

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024887

FILED VS JUL 27 1959 37

Primary Registration District No. 3023

Registrar's No. 184

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		Length of stay in 1b 8 months		c. CITY OR TOWN Bogart TownsShip		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Forrest Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Creighton, Missouri		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle Henry Last Creighton				4. DATE OF DEATH Month July Day 22 Year 1959			
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 12/15/54	9. AGE (last birthday) 104	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Adams Co., Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Brutus Creighton		13b. MOTHER'S MAIDEN NAME Amelia Ann Free		14. NAME OF HUSBAND OR WIFE Laura Creighton (Decs'D)			
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. None		17. INFORMANT Address Hobart Creighton, Warrensburg, 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) Cerebral Vascular Accident DUE TO (b) Arteriosclerotic Vascular disease DUE TO (c) 20 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 1:15 a.m. p.m. Month, Day, Year Nov. 1958	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 Nov. 1958 to July 22, 1959 and last saw her him alive on July 22, 1959 Death occurred at 7:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE A.N.M. Intyre M.D. Clinton, Mo.				22b. ADDRESS Cass Co, Missouri		22c. DATE SIGNED 7-23-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 24, 1959		23c. NAME OF CEMETERY OR CREMATORY Grant		23d. LOCATION (City, town, or county) Cass Co, Missouri	
24. FUNERAL DIRECTOR Consalus Clinton, Mo.				25. DATE RECD. BY LOCAL REG. 7-23-59		26. REGISTRAR'S SIGNATURE Mildred Bigum	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Eugene R. Consalvo

Licensed Embalmer No. 468

P. O. Address Clinton

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