URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-011542

STATE FILE NUMBER

FILED VS APR 6 1960

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Festus
Length of stay in 1b: 2 weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 403 Moore St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jefferson
c. CITY OR TOWN Festus
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 403 Moore St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Mary Middle Ann Last McCreary
4. DATE OF DEATH: Month Mar. Day 25 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-19-79
9. AGE (last birthday): 80
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): St. Marys, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Cambron
13b. MOTHER'S MAIDEN NAME: Mary Thompson
14. NAME OF HUSBAND OR WIFE: Howard McCreary
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Walter Self, 403 Moore, Festus, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of neck of femur. Open reduction (2 months ago)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☑
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 ☐ NOT WHILE AT WORK ☐
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 21, 60 to March 25, 60 and last saw her/him alive on March 25, 60
Death occurred at March 25, 60 m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or Title) [illegible], M
22b. ADDRESS [illegible] Mo
22c. DATE SIGNED 3/28/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar. 28, 1960
23c. NAME OF CEMETERY OR CREMATORY: Festus Methodist
23d. LOCATION (City, town, or county) (State): Festus, Mo.
24. FUNERAL DIRECTOR ADDRESS: Vinyard Fun'l Homes, Inc., Festus, Mo.
25. DATE RECD. BY LOCAL REG.: 3-30-60
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4976

P. O. Address _____

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