RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS APR 18 1960

60-014672
STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. 4158 Registrar's No. 29

DED

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo
Length of stay in 1b 2 WKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Hickory
c. CITY OR TOWN Stark-Rural
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 2 Mi NE Preston
Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Alta Middle Fair Last Creach
4. DATE OF DEATH Month 4 Day 9 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH Nov. 23 1884
9. AGE (last birthday) 75
IF UNDER 1 YEAR Months 4 Days 16 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 None
11. BIRTHPLACE (City and state or country) Hickory Co
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME William Jackson
13b. MOTHER'S MAIDEN NAME Elizabeth Huffman
14. NAME OF HUSBAND OR WIFE Oscar Creach
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.
17. INFORMANT Address

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) senile debility
INTERVAL BETWEEN ONSET AND DEATH 3 mo.
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)
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

BY AFFIDAVIT OF

21. I attended the deceased from Jan 14-60, to Apr 9-60 and last saw her/him alive on Apr 6-60
Death occurred at 3:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. T. Bailey (Degree or title) M.D.
22b. ADDRESS Urbana Mo
22c. DATE SIGNED Apr 12

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-12-1960
23c. NAME OF CEMETERY OR CREMATORY Fisher Cem.
23d. LOCATION (City, town, or county) Hickory Co (State) MO
24. FUNERAL DIRECTOR Allen W. Vaughan ADDRESS Urbana, Mo.
25. DATE RECD. BY LOCAL REG. 4/15/60
26. REGISTRAR'S SIGNATURE Mrs Vera Peters

(Licensed Embalmer's Statement on Reverse Side)

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 Allen W. Vaughan
Signature of Student Embalmer

Licensed Embalmer No. 4156

P. O. Address Urbana N

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