

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 5639 - 60-041943

FILED VS DEC 5 1960

149

5639

STATE FILE NUMBER

Registration District No. Primary Registration District No. 1002 Registrar's No.

DEED

41101

MAY DIA

DOCUMENT

BY AFFIDAVIT OF informant
 REPUBLICAN A. DAVIS MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 40 years		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR 4001 WARWICK INSTITUTION Plaza Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4001 Warwick		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle R. Last Creelman				4. DATE OF DEATH Month November Day 8 Year 1960				
5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov 2 - 1883	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Post office		10b. KIND OF BUSINESS OR INDUSTRY Clerk-		11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME George Creelman			13b. MOTHER'S MAIDEN NAME Nancy A Reid		14. NAME OF HUSBAND OR WIFE Synthia Creelman			
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 Mrs. MAE Dix Address Topeka, Kansas			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism							INTERVAL BETWEEN ONSET AND DEATH 1 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteric sclerosis							10 years	
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. <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 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 April, 1960 to Nov 8, 1960 and last saw him alive on Nov 8, 1960 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Doctor or title) Arnold G. Davis M.D.				22b. ADDRESS Plaza Theater Bldg Kansas City, Mo		22c. DATE SIGNED 11-9-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 10, 1960	23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) Kansas City, MO.		(State)		
24. FUNERAL DIRECTOR Aluehlebach			ADDRESS 6800 Troost		25. DATE RECD. BY LOCAL REG. 11-9-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer		

Decker, Dennis
Plaza Street, ...
L01-1109.

after 12:30 Wed.

JE 1. 820

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 _____
Signature of Student Embalmer

Signed R. E. Nichols

Licensed Embalmer No. _____

P. O. Address _____

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