

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043648
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042 Primary Registration District No. 1000 Registrar's No. 1351

AMENDED
DATE AMENDED
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

Registration District No. **FILED JAN 8 1962**

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b most of life	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 611 Paris Ave.	
3. NAME OF DECEASED (Type or print) First EDITH Middle E. Last CREAL			4. DATE OF DEATH Month December Day 29 Year 1961		
5. SEX female	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 5/25/1886	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days 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) Miami County, Kansas	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William P. Round		13b. MOTHER'S MAIDEN NAME Eliza Couveter		14. NAME OF HUSBAND OR WIFE Claude Creal	
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 Harry A. Round, 1614 Savannah, St. Joseph, 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					INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic cardiovascular disease					year
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) St. ventricular failure, auricular fibrillation				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 1-2-60 to 12-29-61 and last saw her ^{him} alive on 12-28-61 Death occurred at 3:00 a. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R.L. Maguire		(Degree or title) MD	22b. ADDRESS 702 Jule, St. Joseph, Mo		22c. DATE SIGNED 12-30-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/2/1962	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	23d. LOCATION (City, town, or county) St. Joseph	STATE Missouri	
24. FUNERAL DIRECTOR Heaton-Bowman		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Jan. 3 1962	26. REGISTRAR'S SIGNATURE Mrs. Clark Standell	

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 Cyrus Wood

Licensed Embalmer No. 5804

P. O. Address 319 So 10th St

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.