MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-021589
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0971
2 0808-
3
4 1
5 2
6
7 0
8 0
9 4201
10
11
12 91-0
13 1-0

Registration District No. 322 Primary Registration District No. 3021 Registrar's No. 14

FILED JUN 11 1962

1. PLACE OF DEATH
a. COUNTY: SALINE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SLATER — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 741 North MAIN — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 502 East 4th Street — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: LILLIE Middle: FRANCES Last: CREEGAN

4. DATE OF DEATH: Month: June Day: 4 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-2-1904
9. AGE (last birthday): 58
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: HomeMaKER
11. BIRTHPLACE (City and state or country): Saline County
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas Oscar GIBBONS
13b. MOTHER'S MAIDEN NAME: NANNIE AYERS
14. NAME OF HUSBAND OR WIFE: VINCENT CREEGAN

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.: NoT GiveN
17. INFORMANT: MRS. BENNIE WOOD-SLATER, Mo Address 741 North Main

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): Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary disease — years
DUE TO (c): Essential hypertension — Years
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

21. I attended the deceased from Only at time of attack and last saw her ~~him~~ alive on 6-4-62
Death occurred at 9:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. A. McSurney M.D. (Degree or title)
22b. ADDRESS: Slater, Mo
22c. DATE SIGNED: 6/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: June 4, 1962
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, town, or county) (State): Sedalia, Missouri

24. FUNERAL DIRECTOR: D.W. Heckart ADDRESS: Gillespie Funeral Home Sedalia, Missouri
25. DATE RECD. BY LOCAL REG.: 6-4-62
26. REGISTRAR'S SIGNATURE: Mrs. Raymond Brane

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2d	502 East 4th Street	Blank	6/14/62
23b, c	6/9/62 & Calvary	6/4/62 & Blank	6/14/62

BY AFFIDAVIT OF Funeral Director DOCUMENT

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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 John R Farmer Jr.

Licensed Embalmer No. 5173

P. O. Address Sedalia Mo.

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.