

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-022799

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 44

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
1 0450
2 0450
3
4 0
5 2
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7 0
8 2
9 4201
10
11
12 1-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fayette</u>		Length of stay in 1b <u>4 days</u>	c. CITY OR TOWN <u>Glasgow</u>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Lee Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1st St.</u>
3. NAME OF DECEASED (Type or print) First <u>Everett</u> Middle <u>Oliver</u> Last <u>Kreuvean</u>		4. DATE OF DEATH Month <u>June</u> Day <u>19</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 3, 1900</u>
9. AGE (last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lamp lighter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Coast Guard</u>	11. BIRTHPLACE (City and state or country) <u>Glasgow Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13. FATHER'S NAME <u>Mathew Kreuvean</u>	
14. MOTHER'S MAIDEN NAME <u>Bertha Lunninen</u>		15. NAME OF HUSBAND OR WIFE <u>Lillie Mae Rose Kreuvean</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		17. SOCIAL SECURITY NO. <u>not available</u>	18. INFORMANT <u>Mr. Gene Kreuvean</u> Address <u>Glasgow Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> DUE TO (b) <u>Arteriosclerosis - generalized</u> <u>29.5.</u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u> 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 <u> </u> a.m. <u> </u> 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 <u>Feb. 1960</u> to <u>June 1962</u> and last saw ^{her} him alive on <u>6/19/62</u> Death occurred at <u>8:20 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wm G Shaw M.D.</u> (Degree or title)		22b. ADDRESS <u>Fayette Mo.</u>	22c. DATE SIGNED <u>6/29/62</u>
23a. MANNER OF REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>June 21, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	23d. LOCATION (City, town, or county) <u>Glasgow Mo</u> (State)
24. FUNERAL DIRECTOR <u>Tremont Funeral Service</u> ADDRESS <u>Glasgow Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-29-62</u>	26. REGISTRAR'S SIGNATURE <u>Katherine Welch</u>

USE BLACK INK OR TYPEWRITER RIBBON

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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 *W. Triemont*

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.