

CERTIFICATE OF DEATH

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 110

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST 1. Samuel Gilbert Cresswell			SEX 2. M	DATE OF DEATH (MONTH, DAY, YEAR) 3. 10-23-69
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 73	UNDER 1 YEAR 5b. 7 MOS. 15 DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 3-8-1896
CITY, TOWN, OR LOCATION OF DEATH 7b. Hillsboro, Mo.	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. R. R. #1, Reynolds Creek Rd, Hillsboro, Mo.	COUNTY OF DEATH 7a. Jefferson		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Widowed	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.	
SOCIAL SECURITY NUMBER 12. 494-05-1905	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Retired - Mill Worker	KIND OF BUSINESS OR INDUSTRY 13b. St. Joseph Lead Co.		
RESIDENCE—STATE 14a. Missouri	COUNTY 14b. Jefferson	CITY, TOWN, OR LOCATION 14c. Hillsboro	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Mo.	STREET AND NUMBER 14e. RR#1, Reynolds Creek Rd

9. 0
10a. 73
10b. 4.0500
11. 0
12. 2
13. 9220
14. 9
15. 6.0500
16. 58
17. 050
18. 3
19. CREDITS
20.

DECEASED
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER—NAME FIRST MIDDLE LAST 15. Samuel Cresswell	MOTHER—MAIDEN NAME FIRST MIDDLE LAST 15. Cordelia Douglas
INFORMANT—NAME 17a. Donna Sue Johnson	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. RR#1, Reynolds Creek Rd, Hillsboro, Mo.

CAUSE

PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) <i>shot gun wound to abdomen</i> DUE TO, OR AS A CONSEQUENCE OF:		—
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) DUE TO, OR AS A CONSEQUENCE OF:		
(c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 19a.	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. <i>Accident</i>	DATE OF INJURY (MONTH, DAY, YEAR) 20b. <i>10-23-69</i>	HOUR 20c. <i>1:00 P.M.</i>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d. <i>Fell while Hunting</i>	
INJURY AT WORK (SPECIFY YES OR NO) 20e. <i>No</i>	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f. <i>Farm</i>	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g. <i>Rte #1 Hillsboro Mo</i>		

CERTIFIER

CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM	MONTH DAY YEAR TO MONTH DAY YEAR 21b.	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c.	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22.		HOUR OF DEATH 22b. <i>1:00 P.M.</i>	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 22c. <i>10-23-69</i>	HOUR 22d. <i>3:30 P.M.</i>
CERTIFIER—NAME (TYPE OR PRINT) 23a. <i>James C. Rehm D.C. Coeover</i>		SIGNATURE 23b. <i>James C. Rehm D.C.</i>	DEGREE OR TITLE 23c. <i>M.P.</i>	DATE SIGNED (MONTH, DAY, YEAR) 23d. <i>10-24-69</i>
MAILING ADDRESS—CERTIFIER 23e. <i>James C. Rehm</i>		STREET OR R.F.D. NO. 23f. <i>Mains Bldg.</i>	CITY OR TOWN 23g. <i>Festus Mo</i>	STATE ZIP 23h. <i>63628</i>

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <i>Burial</i>	CEMETERY OR CREMATORY—NAME 24b. <i>St. Francois Memorial Park</i>	LOCATION 24c. <i>R.R. #1 Bonne Terre, Mo.</i>
DATE 24d. <i>10-26-69</i>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. <i>Sparks Funeral Home, Inc. 11 S. Long St. Bonne Terre, Mo. 63628</i>	
FUNERAL DIRECTOR—SIGNATURE 25a. <i>[Signature]</i>	REGISTRAR—SIGNATURE 25b. <i>[Signature]</i>	DATE RECEIVED BY LOCAL REGISTRAR 25c. <i>10/27/69</i>

Type or print in PERMANENT BLACK INK. See handbook for instructions.

NOV 7 1961

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 Gregory L. Pfitzinger, Student Embalmer No. 870

working under my personal supervision.

Student Gregory L. Pfitzinger
Signature of Student Embalmer

Signed Samuel J. Mahan

Licensed Embalmer No. 4326

P. O. Address 111 1/2 St. No.

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.