

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 20024336 PLATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY St. Francois
 b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre Length of stay in lb 3 days
 c. CITY OR TOWN Desoto, Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Bonne Terre Hospital Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jefferson
 3. NAME OF DECEASED (Type or print) First Clarence Middle William Last Cresswell 4. DATE OF DEATH Month June Day 30 Year 1964

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 10/16/1887 9. AGE (last birthday) 76 IF UNDER 1 YEAR Months 8 Days 14 IF UNDER 24 HR Hours 3 Min. 36

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired 10b. KIND OF BUSINESS OR INDUSTRY Cruise, Missouri 11. BIRTHPLACE (City and state or country) U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Samuel Gilbert Cresswell 13b. MOTHER'S MAIDEN NAME Cordelia Douglas 14. NAME OF HUSBAND OR WIFE Anna Bay Cresswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. 498-10-4375 A 17. INFORMANT Anna Cresswell, Desoto, Mo. Wife Address

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 myelocytic leukemia (suspected) INTERVAL BETWEEN ONSET AND DEATH 2 mo
 (b) Diabetes Mellitus
 (c) UREMIA
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized 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 3:36 A Month, Day, Year 6-30-64

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.) Home 20f. CITY, TOWN, OR LOCATION St. Francois COUNTY St. Francois STATE Missouri

21. I attended the deceased from 6-28-64 to 6-30-64 and last saw him alive on 6-30-64
 Death occurred at 3:36 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. E. Carleton, MD 22b. ADDRESS Stamington, Mo 22c. DATE SIGNED 7-1-64

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 2, 1964 23c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery 23d. LOCATION (City, town, or county) Bonne Terre, Missouri (State)

24. FUNERAL DIRECTOR Dale Sparks ADDRESS Bonne Terre, Mo. 25. DATE RECD. BY LOCAL REG. July 1, 1964 26. REGISTRAR'S SIGNATURE Ether Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59
 1 0941
 2 0505
 3
 4 0
 5 1
 6
 7 0
 8 2
 9 2043
 10
 11
 12 1-0
 13 1-0

JUL 21 1964

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 Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Forre Lerru 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.