

Health,  
& Welfare  
S. Public  
th Service  
891  
S. 300/  
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026613

STATE FILE NUMBER

FILED JUL 22 1958

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 68

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Ray</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>                        |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Richmond</b>   |                                  | c. CITY OR TOWN <b>Richmond</b> <sup>0891</sup><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Richmond Ave.</b>  |                                  | d. STREET ADDRESS (If outside, give location)<br><b>Richmond Ave.</b>   |   |
| Length of stay in 1b <b>3 Weeks</b>  |                                  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| 3. NAME OF DECEASED<br>(Type or print) First <b>Robert</b> Middle <b>Allen</b> Last <b>Creasen</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>15</b> Year <b>1958</b>  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>Oct. 21/1879</b>                               |
| 9. AGE (In years last birthday) <b>78</b>  |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Orrick, Missouri</b> |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                                  | 13. FATHER'S NAME<br><b>Hamilton Creasen</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Sallie Buckley</b>   |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>Unknown</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>490-16-8950</b>   |   |
| 17. INFORMANT<br><b>Mrs. Ed Dresler</b>  |                                  | Address <b>Richmond, Mo.</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CORONARY OCCLUSION</b><br>DUE TO (b) <b>ARTERIO-SCLEROSIS</b><br>DUE TO (c) <b>4201</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>INST.</b>                      |
| 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<br>Hour _____ a.m. _____ p.m.  |                                  | 20d. INJURY OCCURRED WHILE AT <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 Death occurred at <b>July 13-1958</b> <b>7-15-58</b> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |
| 22a. SIGNATURE<br><b>Ray M.D.</b> (Degree or title)  |                                  | 22b. ADDRESS<br><b>Richmond</b>   |   |
| 22c. DATE SIGNED<br><b>7-17-58</b>   |                                  | 23a. BURIAL, CREMATION, or other (Specify)<br><b>Burial</b>   |   |
| 23b. DATE<br><b>7/17/58</b>  |                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Senny Slope</b>  |   |
| 23d. LOCATION (City, town, or county) (State)<br><b>Richmond, Missouri</b>   |                                  | 24. FUNERAL DIRECTOR<br><b>Quest-Life Funeral Home</b><br>Address <b>Richmond, Mo.</b>  |   |
| 25. DATE RECD. BY LOCAL REG.<br><b>7-18-1958</b>   |                                  | 26. REGISTRAR'S SIGNATURE<br><b>Mabel Jackson</b>   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

|               |               |               |               |
|---------------|---------------|---------------|---------------|
| Ray           | Richmond      | Richmond      | Robert        |
| x             | x             | x             |               |
| Richmond Ave. | Richmond Ave. | Richmond Ave. | Richmond Ave. |
| July 15/1958  | Oct. 21/1978  | Allen         | White         |
|               |               | Cresson       | Male          |
| Richmond, Mo. | Richmond, Mo. | Richmond, Mo. | Richmond, Mo. |

**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 *Mavis D. Bailey* .....

Licensed Embalmer No. *4887*.....  
P. O. Address *Richmond, 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.

Quest-Life Funeral Home  
Richmond, Mo.