

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20628**

BIRTH NO. _____		REG. DIST. NO. <b>296</b>		PRIMARY REG. DIST. NO. <b>4445</b>		Registrar's No. <b>11</b>			
1. PLACE OF DEATH a. COUNTY <b>Ray</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Mo.</b> b. COUNTY <b>Ray</b>					
b. CITY OR TOWN <b>Orriok, Mo.</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Orriok, Mo.</b>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) <b>Mattie Bell Creason</b>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>June 8 - 1949</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 26, 1887</b>			
9. AGE (In years last birthday) <b>61</b>		10. MONTH <b>11</b>		10. DAYS <b>13</b>		IF UNDER 24 HRS. Hours   Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>usa</b>									
13a. FATHER'S NAME <b>George W. McMullin</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Siner</b>			14. NAME OF HUSBAND OR WIFE <b>Walter L. Creason</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Walter L. Creason</b> ADDRESS <b>Orriok</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause of respiratory system</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>1-2</b> , 1949, to <b>6-8</b> , 1949, that I last saw the deceased alive on <b>6-8</b> , 1949, and that death occurred at <b>6:30 a. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Vivian E. Rhoads M.D.</b>				23b. ADDRESS <b>Orriok, Mo.</b>		23c. DATE SIGNED <b>6-9-49</b>			
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 10, 49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>South Point Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Orriok, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>6-10-49</b>		REGISTRAR'S SIGNATURE <b>Helen J. Larkin</b>		FUNERAL DIRECTOR'S SIGNATURE <b>B. W. Good</b>		ADDRESS <b>Orriok, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-15-49

**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 \_\_\_\_\_

working under my personal supervision.

*Self*

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Victor E. Jimenez*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2898

P. O. Address \_\_\_\_\_

*160 Liberty St.*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.