

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24401

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

BIRTH NO. *Km 112* REG. DIST. NO. *149* PRIMARY REG. DIST. NO. *1002* Registrar's No. *3235*

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Kansas</i> b. COUNTY <i>Wyandotte</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansaa City, Mo</i>		c. LENGTH OF STAY (in this place) <i>2 days</i> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Research Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>3025 So. 35 st.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Donna</i> b. (Middle) <i>Caroline</i> c. (Last) <i>Creasman</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 9 1952</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>7/7/52</i>
9. AGE (In years, Months, Days) <i>2 days</i>		9. AGE (In years, Months, Days) <i>2 days</i>	9. AGE (In years, Months, Days) <i>2 days</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>Kansas City, Kansas</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Donald creasman</i>	
13b. MOTHER'S MAIDEN NAME <i>Bonnie Bledsoe</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Donald Creasman</i>	17. INFORMANT'S SIGNATURE OR NAME <i>3025 So. 35th St. C.K.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congenital heart failure</i>		DUE TO (b) <i>Valvular disease defect</i>		7544
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <i>Bilateral Pulmonary</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 *7/8*, 1952, to *7/9*, 1952, that I last saw the deceased alive on *7/9*, 1952, and that death occurred at *8:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Harold A. Pallett, M.D.</i>	23b. ADDRESS <i>1132 Prof. Bldg. Kansas</i>	23c. DATE SIGNED <i>7/16/52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>7-11-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Hill</i>
24d. LOCATION (City, town, or county) (State) <i>Madison, Mo</i>		

DATE REC'D BY LOCAL REG. <i>7-17-52</i>	REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Fred A. Thompson</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Madison</i>
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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 .....  
Student Embalmer

Signed Ralph Fulton

Licensed Embalmer No. 3503

P. O. Address N.C.A.

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