

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35663**

FILED OCT 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **5754** Registrar's No. **43**

0630

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

1. PLACE OF DEATH a. COUNTY <b>Maries</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Dry Creek</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Dry Creek</b>	
c. LENGTH OF STAY (In this place) <b>Yes</b>		d. STREET ADDRESS (If rural, give location) <b>0630</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Bessie</b>	b. (Middle)	c. (Last) <b>Creech</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10 9 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>1/11/1883</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 1 HR. Hours <b>28</b>	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>John Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Luella Smith</b>	14. NAME OF HUSBAND OR WIFE <b>James Creech</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No X</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Raymond Creech, Dixon, Missouri</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the liver</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. <b>1561</b>			

19a. DATE OF OPERATION <b>July 8, 1952</b>	19b. MAJOR FINDINGS OF OPERATION <b>cholecystitis, Cholelithiasis, Carinoma of liver</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **April 15, 1952, to Oct. 9, 1952**, that I last saw the deceased alive on **Oct 9, 1952** and that death occurred at **8:00A.-m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Conley A. Stiles</b>	(Degree or title) <b>D. O.</b>	23b. ADDRESS <b>Dixon, Mo.</b>	23c. DATE SIGNED <b>Oct 11 1952</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buiral</b>	24b. DATE <b>10/11/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>	24d. LOCATION (City, town, or county) (State) <b>Maries County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10-20-52</b>	REGISTRAR'S SIGNATURE <b>Pauline Howard</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred H. Gilbert</b>	ADDRESS <b>Dixon, Missouri</b>
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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.....

10/9/1952

working under my personal supervision.

Student Embalmer No.....

Signed

Maurice E. Schierbaum

Signed.....  
Student Embalmer

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.