

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8507

FILED MAR 10 1953 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). e. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> <u>1082</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>		d. STREET ADDRESS (If rural, give location) <u>1013 South Main St.</u>						
3. NAME OF DECEASED (First) <u>James</u> (Middle) <u>Emery</u> (Last) <u>Creasey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-4-53</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>3-25-1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 1 YEAR Days <u>7</u>	IF UNDER 18 HRS. Hours	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>odd jobs</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William P. Creasey</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ann Meredith</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS <u>Wilma Mc Millan Nevada Mo</u>				

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH — — —
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Had been dead</u>		
	DUE TO (c) <u>approximately 24 hours</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>when found. Lived</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>alone. 4201</u>	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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter D. Thurman</u>	23b. ADDRESS <u>3</u> (Degree or title) <u>Coroner, Nevada, Missouri</u>	23c. DATE SIGNED <u>3-6-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-7-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>3-7-1953</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>3-7-1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen T. Hays Nevada Mo</u>

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

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Allen V. Hayes*.....

Licensed Embalmer No. *1968*

P. O. Address *Nevada 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 this body is not embalmed, fact should be so stated above.