

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28058**

FILED SEP 10 1953		BIRTH NO. <u>20381</u>		REG. DIST. NO. <u>071</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>111</u>		
1. PLACE OF DEATH a. COUNTY <u>Clay</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>			c. LENGTH OF STAY (In this place) <u>3 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOSBY</u>			d. STREET ADDRESS (If rural, give location) <u>6000</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Spgs Hospital</u>					d. STREET ADDRESS (If rural, give location) <u>NONE</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Debre</u>		b. (Middle) <u>Gayle</u>		c. (Last) <u>Creek</u>		4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>27</u> (Year) <u>53</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Aug 24 1953</u>		9. AGE (In years last birthday) <u>0</u> Months <u>0</u> Days <u>2</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>#####</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>#####</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri- Clay County</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.B.</u>	
13a. FATHER'S NAME <u>Lawrence N. Creek</u>				13b. MOTHER'S MAIDEN NAME <u>Alice Noland</u>			14. NAME OF HUSBAND OR WIFE <u>#####</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>#####</u> (If yes, give way or dates of service) <u>#####</u>			16. SOCIAL SECURITY NO. <u>#####</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence N. Creek- Mosby Mo.</u> ADDRESS <u>#####</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Demerolergic dia thesis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rh-incompatibility</u> DUE TO (c) <u>Anti body titer noted at 5 mo. of preg</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7710</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) (Min)		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 <u>27 Aug 1953</u> , to <u>27 Aug 1953</u> , that I last saw the deceased alive on <u>27 Aug 1953</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>George E. Sanders M.D.</u>					23b. ADDRESS <u>Excelsior Springs, Mo</u>			23c. DATE SIGNED <u>28 Aug 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 28 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Spgs- Clay Mo</u>				
DATE REC'D BY LOCAL REG. <u>9/28/53</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>HOPE FUNERAL HOME</u> ADDRESS <u>Unigal Hope Ex. Spgs Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

*Chas Virgil Hope*

Licensed Embalmer No. *3950*

P. O. Address *Deerlin Springs*

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.