

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

37996

State File No.

BIRTH NO. FILED OCT 16 1953 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Likeston</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fort Douglas</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Comm</u>		d. STREET ADDRESS (If rural, give location) <u># 0308</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Creasey</u> b. (Middle) <u>—</u> c. (Last) <u>Stone</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3 1953</u>		
5. SEX <u>F m.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>unknown</u>		9. AGE (in years last birthday) <u>51</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Limestone, Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Levin</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Walter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>0</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Stone Fort Douglas Ark</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute brain injury</u>		INTERVAL BETWEEN ONSET AND DEATH <u>at once</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Other injuries not terminal</u>			
DUE TO (c)		11. 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 type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 3 1953 4:00 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car wreck - Highway 61</u>
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22. I hereby certify that I attended the deceased from 3-Oct 1953, to 3-Oct 1953, that I last saw the deceased alive on 3-Oct 1953, and that death occurred at 5:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. B. Phogmorton M.D.</u>	23b. ADDRESS <u>Likeston, Mo</u>	23c. DATE SIGNED <u>6 Oct 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 7, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rural, Fort Douglas</u>	24d. LOCATION (City, town, or county) (State) <u>Fort Douglas, Ark</u>
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DATE REC'D BY LOCAL REG. <u>Oct 5-53</u>	REGISTRAR'S SIGNATURE <u>Miss Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Orville Taylor Likeston, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

RECEIVED OCT 12 1953

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1053-231

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 Jr. Edwin McMillan

Licensed Embalmer No. 4699

P. O. Address E. V. ...

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.