

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2051

State File No. ....

FILED JAN 19 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>PIKE</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LOUISIANA</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>	c. CITY OR TOWN <u>LOUISIANA</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE COUNTY HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>509 SOUTH CAROLINA ST</u>		<u>0820</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BLANCHE</u> b. (Middle) <u>VIOLA</u> c. (Last) <u>CREAMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 8, 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT 26 1877</u>
9. AGE (In years last birthday) <u>77</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>PIKE COUNTY MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ANDREW MARTIN EDWARDS</u>	13b. MOTHER'S MAIDEN NAME <u>MARIE EMERSON</u>	14. NAME OF HUSBAND OR WIFE <u>EMERSON CREAMER - LOUISIANA, MO</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 <u>EMERSON CREAMER</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		ADDRESS <u>LOUISIANA, MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive CVA (hemorrhage)</u>		DUE TO (b) <u>gen. arteriosclerosis</u>		
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hypostatic pneumonia</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</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 1/2, 1955, to 1/8, 1955, that I last saw the deceased alive on 1/8, 1955, and that death occurred at 10:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Middleton M.D. Louisiana Mo.</u>	23b. ADDRESS <u>Louisiana Mo.</u>	23c. DATE SIGNED <u>1/10/55</u>
24a. SERIAL, CREMATION, REMOVAL (Specify) <u>EMERALD</u>	24b. DATE <u>JAN 10, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEM. LOUISIANA, MO.</u>
24d. LOCATION (City, town, or county) (State) <u>LOUISIANA, MO.</u>	DATE REC'D BY LOCAL REG. <u>Jan 12 1955</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. M. Collier</u>	ADDRESS <u>Louisiana Mo.</u>	

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

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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.....  
Signature of Student Embalmer

Signed *Geo. M. Collins*.....

Licensed Embalmer No. *38*  
P. O. Address *Louisiana*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.