

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12542

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5767 Registrar's No. 50

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| 1. PLACE OF DEATH a. COUNTY Lincoln | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Bedford Twp) | c. LENGTH OF STAY (In this place) 2 wks. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Bedford Twp) 0-570 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp. | | d. STREET ADDRESS (If rural, give location) Farm Residence | |

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|-------------------------------------|-------------------------|------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Sydna | b. (Middle) Lee | c. (Last) Creech | 4. DATE OF DEATH (Month) (Day) (Year) April 18, 1955 |
|-------------------------------------|-------------------------|------------------------|-------------------------|--|

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|----------------------|-------------------------------|---|--|---|------------------------|----------------------|----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 29, 1889 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours | IF UNDER 1 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) near Union, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Asbury Colbert | 13b. MOTHER'S MAIDEN NAME Indiana Colbert | 14. NAME OF HUSBAND OR WIFE Edgar B. Creech |
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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) No None | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edgar B. Creech Troy, Missouri. |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 10 yrs. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal Failure - pyelonephritis | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Vascular Accident 6 yrs. DUE TO (c) Hypertension on renal bases 6 yrs. | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes, Arteriosclerotic heart | | | |

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| 19a. -DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION none | 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) _____ |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from 5/12 1953, to 4/18 1955, that I last saw the deceased alive on 4/18 1955, and that death occurred at 1:15 P m., from the causes and on the date stated above.

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|---|-------------------------------|---------------------------------|
| 23a. SIGNATURE Thomas K. Muschany M.D. | 23b. ADDRESS Troy, Mo. | 23c. DATE SIGNED 4/25/55 |
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|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4/21/55 | 24c. NAME OF CEMETERY OR CREMATORY Old Alexandria Cem. | 24d. LOCATION (City, town, or county) (State) Lincoln Co., Missouri. |
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| DATE REC'D BY LOCAL REG. 4-30-1955 | REGISTRAR'S SIGNATURE Emma B. Riddle | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Funeral Home Troy, Missouri. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

570
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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, ~~by~~

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, 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.