

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19685

State File No.

FILED JUN 17 1955

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Pulaski.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville, Mo</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>	c. CITY OR TOWN <u>Waynesville, Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Waynesville General Hosp.</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>None.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Simeon</u> b. (Middle) <u>Jacob</u> c. (Last) <u>Creacy.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 12, 1868</u>
9. AGE (In years last birthday) <u>87</u>	# UNDER 1 YEAR: Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Postal Clerk.</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Charles Creacy.</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia E. Biederbacker</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Ellen Alexander.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>V. Harold Creacy</u> ADDRESS <u>Kansas City, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____		<u>20 yrs.</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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 1950, 1950 to June 5, 1955, that I last saw the deceased alive on June 5, 1955, and that death occurred at 7:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. O. Thomas MD</u>	23b. ADDRESS <u>Waynesville, Missouri,</u>	23c. DATE SIGNED <u>6-6-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/7/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OakLawn Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Richland Missouri.</u>
DATE REC'D BY LOCAL REG. <u>6-6-55</u>	REGISTRAR'S SIGNATURE <u>Caula Mae Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Home</u> ADDRESS <u>Waynesville, Mo</u>

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

Date Filed 6-11-55
File Number

Alaska County Health Officer

RECEIVED 6-6-55

JUL 18 1955

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 Clarena Jones

Licensed Embalmer No. 4890

P. O. Address Way, Alaska

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.