

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16307

State File No. _____

FILED JUN 13 1956

2246

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2246</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN Kansas City)		c. LENGTH OF STAY (in this place) 70 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				e. STREET ADDRESS (If rural, give location) 2345 Drury 33480			
3. NAME OF DECEASED (Type or Print) a. (First) Sarah			b. (Middle) June		c. (Last) Creason		4. DATE OF DEATH (Month) (Day) (Year) 5 22 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 15, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months - Days - Hours - Min.	IF UNDER 24 HRS. Hours - Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Wesley Houser			13b. MOTHER'S MAIDEN NAME Rachel Payne		14. NAME OF HUSBAND OR WIFE William E. Creason		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Shelton K. C., Missouri			
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) Carcinoma of lung, Primary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of right hip				INTERVAL BETWEEN ONSET AND DEATH 162 x F	
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Gen'l Hosp. #1		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 20 1956 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell out of bed			
22. I hereby certify that I attended the deceased from May 19, 1956 , to May 22, 1956 , that I last saw the deceased <input checked="" type="checkbox"/> alive on May 22, 1956 , and that death occurred at 12:45P m. , from the causes and on the date stated above.							
23a. SIGNATURE B. I. Burns (Degree or title) M.D.				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 5/23/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 26, 1956		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 5-23-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. H. Blackman & Son Inc, K. C., Mo.			

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W.C. Bunn*.....

... Licensed Embalmer No. *487*.....

P. O. Address *150, 77*.....

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.