

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16958

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>5660</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL DICKERSON</u>		c. LENGTH OF STAY (in this place) <u>2 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAYWOOD</u>		c. 560	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prarie View Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>XXXXXXXXXXXXXXXXXXXXXXXXXX X</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARVIN</u> b. (Middle) <u>CARLYE</u> c. (Last) <u>CREACY</u>			4. DATE (Month) (Day) (Year) OF DEATH <u>MAY 12, 1956</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOV. 1, 1876</u>	
9. AGE (in years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MARION COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>THOMAS CREACY</u>			13b. MOTHER'S MAIDEN NAME <u>URSELA ANN KIRKHAM</u>		14. NAME OF HUSBAND OR WIFE <u>BESSIE CREACY</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>XXXXXXXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CHARLES CREACY</u>		ADDRESS <u>QUINCY, ILL.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> ANTECEDENT CAUSES Morbidity 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <u>10 Apr, 1956</u> , to <u>12 May, 1956</u> , that I last saw the deceased alive on <u>10 May, 1956</u> , and that death occurred at <u>DOA</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John W. Will</u> (Degree or title) <u>DO</u>				23b. ADDRESS <u>Lew. Stoun Mo.</u>		23c. DATE SIGNED <u>14 May 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/16/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAYWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>MAYWOOD, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-15-56</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Arnold</u>		ADDRESS <u>Lewistown, Mo.</u>	

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

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48

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(Licensed Embalmer's Statement on Reverse Side)

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

Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, 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.