

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23093

STATE FILE NUMBER

FILED JUL 23 1956

Registration District No. 65 Primary Registration District No. 5252 Registrar's No. 30

|  |                               |  |                                      |
|--|-------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Chariton</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>            |                                      |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Missouri Township</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |                               | c. CITY OR TOWN <u>Missouri Township</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                      |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 mi n.w. Glasgow Life</u> Length of stay in lb  |                               | d. STREET ADDRESS <u>10 mi n.w. Glasgow</u> (If outside above location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>          |                                      |
| 3. NAME OF DECEASED (Type or print) <u>Sylvia G. (Delbert) CREASON</u> First Middle Last   |                               | 4. DATE OF DEATH <u>July 16, 1956</u> Month Day Year   |                                      |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Aug. 9, 1941</u> |
| 9. AGE (In years last birthday) <u>14</u>  |                               | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.  |                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>  |                                      |
| 11. BIRTH PLACE (City and state or country) <u>Glasgow, Mo.</u>  |                               | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>   |                                      |
| 13. FATHER'S NAME <u>Ben Creason</u>   |                               | 14. MOTHER'S MAIDEN NAME <u>Kathryn Skaggs</u>   |                                      |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, but unknown) (If yes, give war or dates of service) <u>No.</u>  |                               | 16. SOCIAL SECURITY NO. <u>None</u>  |                                      |
| 17. INFORMANT <u>Ben Creason Forest Green, Mo.</u>   |                               |  |                                      |
| 18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Electrical Shock</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Working on Electric Wires</u><br>DUE TO (c) <u>9140</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>22</u> |                               |  | INTERVAL BETWEEN ONSET AND DEATH     |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                               | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Working on Electric Wires</u>                            |                                      |
| 20c. TIME OF INJURY <u>8:15 p.m. July 16 - 1956</u> Hour Month, Day, Year  |                               |  |                                      |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                               | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>farm home</u>   |                                      |
| 20f. CITY, TOWN, OR LOCATION <u>Mo Sup. 02 Chariton</u>  |                               | COUNTY <u>MI</u> STATE   |                                      |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <u>8:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                               |  |                                      |
| 22a. SIGNATURE <u>N. H. Grant</u> (Degree or title) <u>3</u>   |                               | 22b. ADDRESS <u>Key Travell Mo</u>   |                                      |
| 22c. DATE SIGNED <u>July 17, 1956</u>  |                               |  |                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                               | 23b. DATE <u>July 18, 1956</u>   |                                      |
| 23c. NAME OF CEMETERY OR CREMATOR <u>Washington</u>  |                               | 23d. LOCATION (City, town, or county) (State) <u>Glasgow, Mo.</u>  |                                      |
| 24. FUNERAL DIRECTOR <u>Cuddey - Fremont</u> ADDRESS <u>Glasgow Mo</u>   |                               | 25. DATE RECD. BY LOCAL REG. <u>7-20-56</u>  |                                      |
| 26. REGISTRAR'S SIGNATURE <u>M. J. Baine</u>   |                               |  |                                      |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

