

Health,
& Welfare
S. Public
th Service
891
S. 300/
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026613

STATE FILE NUMBER

FILED JUL 22 1958

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		c. CITY OR TOWN Richmond ⁰⁸⁹¹ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Richmond Ave.		d. STREET ADDRESS (If outside, give location) Richmond Ave.	
Length of stay in 1b 3 Weeks		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Robert Allen Creason			4. DATE OF DEATH Month Day Year July 15/1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct. 21/1879
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and state or country) Orrick, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Hamilton Creason	
13b. MOTHER'S MAIDEN NAME Sallie Buckley		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 490-16-8950	
17. INFORMANT Mrs. Ed Dresler		Address Richmond, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION DUE TO (b) ARTERIO-SCLEROSIS DUE TO (c) 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH INST.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Death occurred at July 13-1958 7-15-58 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Richmond	
22c. DATE SIGNED 7-17-58			
23a. BURIAL, CREMATION, REQUIEM (Specify) Burial		23b. DATE 7/17/58	
23c. NAME OF CEMETERY OR CREMATORY Sonny Slope		23d. LOCATION (City, town, or county) (State) Richmond, Missouri	
24. FUNERAL DIRECTOR Quest-Life Funeral Home ADDRESS Richmond, Mo.		25. DATE RECD. BY LOCAL REG. 7-18-1958	
26. REGISTRAR'S SIGNATURE Mabel Jackson			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

x	Richmond Ave. 3 Weeks	Robert	White	Male
x	Richmond Ave.	Allen	White	Female
x	Richmond Ave.	William	White	Male
x	Richmond Ave.	Robert	White	Male
x	Richmond Ave.	Allen	White	Male
x	Richmond Ave.	William	White	Male
x	Richmond Ave.	Robert	White	Male
x	Richmond Ave.	Allen	White	Male
x	Richmond Ave.	William	White	Male
x	Richmond Ave.	Robert	White	Male

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 *Mavis D. Bailey*

Licensed Embalmer No. *4887*
P. O. Address *Richmond, Mo*

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.