

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024458

FILED VS AUG 3 1959

Registration District No. 64 Primary Registration District No. 5243 Registrar's No. 45

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chariton Township Minutes</u>		Length of stay in 1b		c. CITY OR TOWN <u>Forest Green</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9 mi north Glasgow Mo</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5 mi west Forest Green</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Sylvia Gale (BEN) CREASON</u>				4. DATE OF DEATH Month Day Year <u>July 26, 1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>June 22, 1913</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retirement</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (City and state of country) <u>Chariton Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>Robt L. Creason</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Colson</u>			14. NAME OF HUSBAND OR WIFE <u>Kathryn Shaggs Creason</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>354-03-3482</u>		17. INFORMANT Address <u>Mrs. Ben Creason Forest Green Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot Wound in Head</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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>Gun discharged in car of Jack Newton while in</u>					
20c. TIME OF INJURY Hour a.m. p.m. 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>State Rd. N. N.</u>		20f. CITY, TOWN, OR LOCATION <u>Chariton Sup. Chariton Mo</u>		COUNTY		STATE	
21. I attended the deceased from <u>9:45 P.</u> to _____, and last saw him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. D. Gauritt Coroner of Chariton County Key Tenn Mo</u>				22b. ADDRESS		22c. DATE SIGNED <u>7/29/1959</u>	
23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 28, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		23d. LOCATION (City, town, or county) (State) <u>Glasgow Mo.</u>		
24. FUNERAL DIRECTOR <u>Audley Freemanth Glasgow Mo</u>			25. DATE RECD. BY LOCAL REG. <u>7-30-59</u>		26. REGISTRAR'S SIGNATURE <u>Ed Hawkins</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6981 AUG 4 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

E. W. Freeman

Licensed Embalmer No.

3978

P. O. Address

Glasgow, 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.