

FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13600**

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Excelsior Spgs</u>		c. CITY OR TOWN <u>Arriek</u>	
c. LENGTH OF STAY (in this place) <u>2 Hours</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hosp</u>			
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH K. CREASON</u>		4. DATE OF DEATH <u>April 19, 53</u>	
a. (First)		b. (Middle)	
c. (Last)			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 25, 1874</u>
9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR OF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ray Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tom B. Hewlett</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Green</u>	
14. NAME OF HUSBAND OR WIFE <u>William F. Creason</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Ray Creason</u>		ADDRESS <u>Carrollton, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Chronic Diabetes</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arterio Sclerosis</u>	
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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221	
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)		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>April 15, 1953</u> to <u>April 19, 1953</u> , that I last saw the deceased alive on <u>4-18-53</u> and that the death occurred at <u>5:25 A. M.</u> , from the cause and on the date stated above.			
23a. SIGNATURE <u>E. C. Gray</u>		23b. ADDRESS <u>St. Louis</u>	
23c. DATE SIGNED <u>4-20-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-21-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Riffe Cem</u>		24d. LOCATION (City, town, or county) (State) <u>3 mi N of Arriek, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/21/53</u>		REGISTRAR'S SIGNATURE <u>Barline Hutchings</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wood-Bailey</u>		ADDRESS <u>Arriek, Mo.</u>	

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

002

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 Morris O. Bailey

Licensed Embalmer No. 4887

P. O. Address Osrick, Miss

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.