

FILED JAN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 179BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		d. STREET ADDRESS (If rural, give location) <u>Route 5</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Route 5</u>			d. STREET ADDRESS (If rural, give location) <u>Route 5</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>EVERETT</u> c. (Last) <u>CREASY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 22, 1867</u>	9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Brick & Stone Mason</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William B. Creasy</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Ann Watson</u>		14. NAME OF HUSBAND OR WIFE <u>Mornie Acton Creasy</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tower Creasy, Columbia, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Rephutes & Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <u>Agonizing 4/22-2</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>Unknown</u> <u>Unknown</u> <u>1 yr</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>J</u>			
22. I hereby certify that I attended the deceased from <u>Nov 1948</u> , to <u>Jan 11, 1949</u> , that I last saw the deceased alive on <u>Jan 7, 1949</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. E. Decker, M.D.</u>		23b. ADDRESS <u>Columbia, Mo.</u>		23c. DATE SIGNED <u>1-13-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 13, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-15-49</u>	REGISTRAR'S SIGNATURE <u>R. E. Palmer</u>	31	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barber Funeral Service, Columbia, Mo.</u>		

45. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
JAN 21 1949
Date Filed

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.

Signed.....
Student Embalmer

Signed Tom McHarg
Licensed Embalmer No. 4067
P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to copy the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.