

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31316

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 97

1. PLACE OF DEATH  
a. COUNTY Pike  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).  
a. STATE Missouri b. COUNTY Pike c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Buffalo Township  
d. STREET ADDRESS (If rural, give location) Route Two, Louisiana, Mo.

3. NAME OF DECEASED  
a. (First) CHARLES b. (Middle) AUGUSTUS c. (Last) CREECH

4. DATE OF DEATH SEPT. 13, 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH July 31, 1875

9. AGE (In years last birthday) 75

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Button Cutter

10b. KIND OF BUSINESS OR INDUSTRY Button Factory

11. BIRTHPLACE (State or foreign country) Clarksville, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Tom Creech

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. 486-14-2064

17. INFORMANT'S SIGNATURE OR NAME Merrill T. Creech, Jackson, Tenn. ADDRESS \_\_\_\_\_

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) General Debility & Inanition  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Devolysis Agitans  
DUE TO (c) Parkinson's Disease  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
3 mo  
2 yrs  
350X

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1949, to 9-13, 1950, that I last saw the deceased alive on 9-13, 1950, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE Chas. H. Sumellin M.D. (Degree or title)

23b. ADDRESS Rosmaria, Mo.

23c. DATE SIGNED 9-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/15/1950

24c. NAME OF CEMETERY OR CREMATORY Clarksville

24d. LOCATION (City, town, or county) (State) Clarksville, Mo.

DATE REC'D BY LOCAL REG. Sept 15, 1950

REGISTRAR'S SIGNATURE Bernice Collier 374

25. FUNERAL DIRECTOR'S SIGNATURE Haley Mortuary, Louisiana, Mo. ADDRESS \_\_\_\_\_

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

821  
0

Date Received: SEP 25 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 9-50-12  
Date Filed: SEP 27 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Geo. M. Callier*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3839

P. O. Address *Louisiana, M*

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.