

FILED AUG 13 1951
Ch.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24139**

BIRTH NO. _____ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **3058** Registrar's No. **151**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
c. LENGTH OF STAY (In this place) 11 days		d. STREET ADDRESS (If rural, give location) 200 No. Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Elsie		b. (Middle) P.		c. (Last) Creech		4. DATE OF DEATH (Month) (Day) (Year) July 21 1951	
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 28 1892		9. AGE (In years less birthday) 59 IF UNDER 1 YEAR Months 5 Days 23 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Montgomery City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Martin Brown		13b. MOTHER'S MAIDEN NAME Susie Snarr		14. NAME OF HUSBAND OR WIFE Oney Creech	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-16-7021		17. INFORMANT'S SIGNATURE OR NAME Oney Creech ADDRESS 200 No. Main	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Indist. acute 6 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary edema DUE TO (c) Cholelithiasis cholelithiasis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 584X			

19a. DATE OF OPERATION July 20, 1951		19b. MAJOR FINDINGS OF OPERATION Cholelithiasis + cholelithiasis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?	

22. I hereby certify that I attended the deceased from **7-18**, 19**51**, to **7-21**, 19**51**, that I last saw the deceased alive on **7-21**, 19**51**, and that death occurred at **7:50P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Russell Glider, M.D. (Degree or title)		23b. ADDRESS St Charles Mo		23c. DATE SIGNED 7-24-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1)		24b. DATE July 24, 1951		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetary	
				24d. LOCATION (City, town, or county) (State) St. Charles Co. Mo.	

DATE REC'D BY LOCAL REG. 7-24-51		REGISTRAR'S SIGNATURE Franie Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hackmann - Paul St Charles Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Crider.

File No. _____
DISTRICT HEALTH OFFICE No. 4
AUG 6 1951

RECEIVED

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 *Frederic W. Bane*

Licensed Embalmer No. *4607*

P. O. Address *fr Charles, 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 this body is not embalmed, fact should be so stated above.