

FILED SEP 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 30097

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

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>83</u>			
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. LENGTH OF STAY (In this place) <u>24 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Burton Twp.</u>		<u>0450</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R. F. D. Armstrong</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aldarina</u>			b. (Middle) <u>Wiley</u>		c. (Last) <u>Creson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 19, 1863</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>88</u> <u>1</u> <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Wiley</u>			13b. MOTHER'S MAIDEN NAME <u>Mildred Roseberry</u>			14. NAME OF HUSBAND OR WIFE <u>George Willie Creson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (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>Mrs Harvey Robb Armstrong, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wrenia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Cardiovascular renal disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Age 44 2/2 X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 yr</u> <u>2 yrs</u>	
19a. DATE OF OPERATION		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) (Min.)		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>May 1951</u> , to <u>Sept 19, 1951</u> , that I last saw the deceased alive on <u>Sept 19, 1951</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>M. J. Shaw, M.D.</u> (Degree or title)				23b. ADDRESS <u>Fayette Mo.</u>			23c. DATE SIGNED <u>9-21-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9/22/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Howard Co. Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9-21-51</u>		REGISTRAR'S SIGNATURE <u>Mary K. Sheel</u> <u>436</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Halph A Carr</u>		ADDRESS <u>Fayette, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-25-51

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 *Ralph A. Carr*

Signed _____
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address *Jayette W*

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.