

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20408**
2869

FILED JUL 5 1952

BIRTH NO. **42039** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2869**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 5 DAYS		3188	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If rural, give location) 2829 EAST 7TH ST	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) PATRICK c. (Last) CREASON	4. DATE OF DEATH (Month) (Day) (Year) JUNE 22 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JUNE 18-1922	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Hours 5 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) KANSAS CITY Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME CLARENCE L. CREASON	13b. MOTHER'S MAIDEN NAME NETTIE MAE CHARLES	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ROSS CREASON	ADDRESS BRUNSWICK Mo
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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		INTERVAL BETWEEN ONSET AND DEATH congenital
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tetralogy of Fallot		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m. _____ from the causes and on the date stated above.

23a. SIGNATURE Robert K. D. Allibach (Degree or title) M.D.	23b. ADDRESS 2300 Holmes, K.C. Mo	23c. DATE SIGNED 6-22-52
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE 6-24-52	24c. NAME OF CEMETERY OR CREMATORY ELLIOTT GROVE	24d. LOCATION (City, town, or county) (State) BRUNSWICK Mo.
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DATE REC'D BY LOCAL REG. 6-24-52	REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

L W Keiser

Signed.....
Student Embalmer

Licensed Embalmer No. *822*

P. O. Address *Brunswick*

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.