

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**21188**

State File No. ....

**FILED JUL 8 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Malden</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Malden</u>	
c. LENGTH OF STAY (in this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) <u>104 East Allen St 03<sup>0</sup></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JESSEY</u>	b. (Middle) <u>ELIJAH</u>	c. (Last) <u>CREASEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-18-1953</u>
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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>12-1-1872</u>	9. AGE (In years last birthday) Months Days <u>80</u>	IF UNDER 1 YEAR Hours Min.	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) <u>Shoe Repair</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Caldwate MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Jamie Creasey</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Graham</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie Creasey</u>
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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)	16. SOCIAL SECURITY NO. <u>492-1646524</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alvin Creasey</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Quinton Tarver, Coroner</u>	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>6/20/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6/19/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malden Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Malden MO</u>
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DATE REC'D BY LOCAL REG. <u>7/6/53</u>	REGISTRAR'S SIGNATURE <u>J. D. Schuman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest &amp; Son</u>	ADDRESS <u>Jamieson Ave</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48

351

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 7-7-53 .....  
COUNTY FILE NUMBER 753-181 .....

**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 W. T. Emuro .....

Licensed Embalmer No. 359 .....

P. O. Address Jamulana .....

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.