

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34931**

No. 300

10-48

FILED OCT 27 1953

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. **10**

PRIMARY REG. DIST. NO. **3002**

Registrar's No. **166**

I. PLACE OF DEATH

a. COUNTY **Audrain**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mexico**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Audrain Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY **Audrain**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mexico** **0043**  
**0**

d. STREET ADDRESS (If rural, give location) **111 A. S. Washington**

3. NAME OF DECEASED (Type or Print)

a. (First) **Mason** b. (Middle) **McDonnell** c. (Last) **Creasey**

4. DATE OF DEATH (Month) (Day) (Year) **Oct. 17, 1953**

5. SEX

**Male** **0**

6. COLOR OR RACE

**White**

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

**Widowed** **2**

8. DATE OF BIRTH

**March 2, 1865**

9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR

**88** Months Days Hours Min.

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

**Retired**

10b. KIND OF BUSINESS OR INDUSTRY

**Merchant**

11. BIRTHPLACE (City and State or Foreign Country)

**Callaway County Mo 0**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13a. FATHER'S NAME

**John R. Creasey**

13b. MOTHER'S MAIDEN NAME

**Sarah Elizabeth McDonald**

14. NAME OF HUSBAND OR WIFE

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 ADDRESS

**Roy Creasey Mexico, Mo.**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

**Anemia**  
**Nephritis**  
**Diabetic Decompensation**  
**Serulity**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

**4343**

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) (Min.)

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 **Aug. 1945**, to **Oct 17, 1953**, that I last saw the deceased alive on **Oct 17, 1953**, and that death occurred at **10<sup>30</sup> p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

**J. A. G. ... D.O.**

23b. ADDRESS

**Mexico, Mo**

23c. DATE SIGNED

**10/19/53**

24a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24b. DATE

**Oct 20, 1953**

24c. NAME OF CEMETERY OR CREMATORY

**Elmwood Cemetery**

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

**Mexico, Missouri**

DATE REC'D BY LOCAL REG.

**Oct 20-1953**

REGISTRAR'S SIGNATURE

**Blanche Neely**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

**Paul E. ... Mexico Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

1 27 1953

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 Billy Jack Skinner

Licensed Embalmer No. 4784

P. O. Address Mexico, 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.