

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

25901

State File No. \_\_\_\_\_

**FILED SEP 11 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 176

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Audrain</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY OR TOWN <u>Mexico</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 Months</u>		e. STREET ADDRESS (If rural, give location) <u>509 S. Olive St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>509 S. Olive St.</u>		f. STREET ADDRESS (If rural, give location) <u>509 S. Olive St.</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>LULA</u>	b. (Middle) <u>CREASEY</u>	c. (Last) <u>ACTON</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Sept. 2, 1956</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widow</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 2, 1881</u>	<b>9. AGE</b> (In years last birthday) <u>75</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Ralls County Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Albert H. Biggers</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Medora Garrett</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mrs. Oscar Kent, Mexico, Mo.</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Oscar Kent, Mexico, Mo.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Strangulation from hanging by a peice of cloth. self inflicted.</u>		
	<b>ANTECEDENT CAUSES</b> (b) <u>in her home no evidence of foul play, other than by the deceased own hand. She consulted Dr. Frank Jolley</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> (c) <u>Mexico, Mo. for about two weeks ago for a nervous condition.</u>		<b>CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>	

<b>19a. DATE OF OPERATION</b> <u>None</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Mexico, Mo. for about two weeks ago for a nervous condition.</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Suicide</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <u>974X</u> (COUNTY) (STATE) <u>Mexico, Saltriver, Audrain, Mo.</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>9-2-56; 9 A.M.</u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>Self inflicted</u>
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_ Coronors Investigation, 19\_\_\_\_, that I last saw the deceased die on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ A. M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>L. C. Adams, M.D. Coronor, Audrain, Mo.</u>	(Define or title)	<b>23b. ADDRESS</b> <u>Mexico, Mo.</u>	<b>23c. DATE SIGNED</b> <u>9-2-56</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Sept. 4, 56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Elmwood</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Mexico, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Sept-3-1956</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Blanche Neely</u>	<b>5. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Reed-Houston</u>	<b>ADDRESS</b> <u>Mexico, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
V. 10.48

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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.....  
Signature of Student Embalmer

Signed *Ralph L. Hueston Jr*  
Licensed Embalmer No. *4687*

P. O. Address *Mexico*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.