

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022046

FILED VS JUN 13 1960

Registration District No. 38-1 Primary Registration District No. 418-3 Registrar's No. 51

STATE FILE NUMBER

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Sullivan</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO.</u> b. COUNTY <u>Sullivan</u>                      |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Polk</u>  |  | Length of stay in 1b<br><u>15 da.</u>   |  | c. CITY OR TOWN <u>Newtown, Mo.</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Frasier Rest Home</u>   |  |   |  | d. STREET ADDRESS (If outside, give location)   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Nellie Dell</u> Middle <u>Creason</u> Last <u>Creason</u>   |  |   |  | 4. DATE OF DEATH<br>Month <u>6</u> Day <u>4</u> Year <u>60</u>  |  |  |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH <u>1-25-80</u>  |  |
| 9. AGE (last birthday) <u>80</u>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country) <u>Pollock, Mo.</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>   |  | 13a. FATHER'S NAME <u>Nelson Lowry</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Jane Hackett</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Ned Creason</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No.</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>   |  | 17. INFORMANT <u>Guy Creason Newtown, Mo.</u><br>Address  |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u><br>DUE TO (c) |  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 da - 2 yrs</u>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>       |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |  |  |
| 20c. TIME OF INJURY<br>Hour <u>9:00</u> a.m. p.m.<br>Month, Day, Year   |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>          |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |  |
| 21. I attended the deceased from <u>1959 -</u> to <u>6-4-60</u> and last saw her <u>alive</u> on <u>June 2-60</u><br>Death occurred at <u>9:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |   |  |  |  |
| 22a. SIGNATURE <u>E. W. Simpson, D.O.</u> (Degree or title)   |  |   |  | 22b. ADDRESS <u>Nilson -</u>  |  | 22c. DATE SIGNED <u>6-9-60</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 23b. DATE <u>6-6-60</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY <u>Newtown Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State) <u>Newtown,, Mo.</u>   |  |
| 24. FUNERAL DIRECTOR ADDRESS <u>Judd &amp; Payne Newtown, Mo.</u>   |  |   |  | 25. DATE RECD. BY LOCAL REG. <u>6-10-60</u>   |  | 26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>  |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed T. Howard Jones

Licensed Embalmer No. 324

P. O. Address New To

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.