MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041035

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 70

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

FILED OCT 16 1963

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Doniphan, Mo.
Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Ripley Co. Mem. Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Ripley
c. CITY OR TOWN: Warm Springs Ark.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Dewey Middle: Hancil Last: Creason

4. DATE OF DEATH: Month 10 Day 8 Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/19/20
9. AGE (last birthday): 42
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (City and state or country): Ripley Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: R. L. Creason
13b. MOTHER'S MAIDEN NAME: Ollie Cates
14. NAME OF HUSBAND OR WIFE: Ellen Creason

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.
17. INFORMANT: Ellen Creason Address: Warm Springs Ark.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congestive Heart Failure — 3 yr.
DUE TO (c): Atrial Septal Defect 7543 Congenital
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Adenocarcinoma of Stomach-Metastasis in Liver
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10/1/63 to 10/8/63 and last saw him alive on 10/8/63
Death occurred at 10:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title) DO.
22b. ADDRESS: 119 State St. Doniphan Mo.
22c. DATE SIGNED: 10/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/10/63
23c. NAME OF CEMETERY OR CREMATORY: Warm Springs Cemetery
23d. LOCATION (City, town, or county) (State): Warm Springs, Ark.

24. FUNERAL DIRECTOR: Edwards Funeral Home
ADDRESS: Doniphan, Mo.
25. DATE RECD. BY LOCAL REG.: 10-14-63
26. REGISTRAR'S SIGNATURE: Flava Broz

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0910		
2	0910		
3			
4	0		
5	1		
6			
7	0		
8	1		
9	7543		
10			
11			
12	1-2		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 10/10/63 F.B.

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 _____ Signed Gene H Parrent
Signature of Student Embalmer

Licensed Embalmer No. 4809

P. O. Address Naylor, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.