

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9698

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

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5806 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MONROE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SANTA FE Southfork</u>		c. LENGTH OF STAY (In this place) <u>14 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SANTA FE Southfork</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SANTA FE Southfork</u>			d. STREET ADDRESS (If rural, give location) <u>SANTA FE No 90</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>CARROLL</u> c. (Last) <u>CREED</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 12 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>1</u>	8. DATE OF BIRTH <u>JAN 28 1885</u>	9. AGE (In years last birthday) <u>65</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MONROE County, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Simion CREED</u>		13b. MOTHER'S MAIDEN NAME <u>BARAH E. BOZARTH</u>	
14. NAME OF HUSBAND OR WIFE <u>BERTHA ROBERTS CREED</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm W.E. Clement Mexico Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1) Chronic myocarditic</u>			INTERVAL BETWEEN ONSET AND DEATH <u>N.K.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2) Bronchial Asthma</u>			<u>N.K.</u>		
DUE TO (c) _____			241X		
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>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>4-22-1948</u> , to <u>3-12-1950</u> , that I last saw the deceased alive on <u>3-11-1950</u> , and that death occurred at <u>8:45 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. G. Barnett M.D.</u> (Degree or title)			23b. ADDRESS <u>Paris, Mo.</u>		23c. DATE SIGNED <u>3-13-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BEREA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Audrain Co. Mo</u>
DATE REC'D BY LOCAL REG. <u>3-13-50</u>		REGISTRAR'S SIGNATURE <u>J. G. Barnett, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. W. ... Mexico Mo.</u>	

MAR 24 1950

RECEIVED MAR 22 1950
District Health Officer No. 10
District File Number 3-50-49
Date Filed MAR 22 1950

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 _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed _____
Student Embalmer No. _____

Licensed Embalmer No. 3569

P. O. Address _____

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.