

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

State File No. **5233**

BIRTH NO. **FILED MAR 12 1954** REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **48**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jasper</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>1401 Herrington</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>DOA Mc Cune Brooks Hosp.</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Ellis</b>	b. (Middle)	c. (Last) <b>Creek</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>3-1-1954</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>6-27-1880</b>	<b>9. AGE</b> (In years last birthday) <b>73</b>	<b>10. UNDER 1 YEAR</b> Months Days Hours Mins.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Clay County Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Absolum Creek</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Martha Wade</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Henrietta Creek</b>
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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) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>unk.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs Ellis Creek</b>	<b>ADDRESS</b> <b>Carthage, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>5-10 min</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary thrombosis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Atherosclerosis</b> <b>DUE TO (c) A-V block</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4201</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 2-15, 1954, to 3-1, 1954, that I last saw the deceased alive on 2-15, 1954, and that death occurred at 3:42 a.m., from the causes and on the date stated above.**

<b>23. SIGNATURE</b> (Degree or title) <b>Dr. J. Patterson M.D.</b>	<b>23b. ADDRESS</b> <b>506 S. Main, Carthage, Mo.</b>	<b>23c. DATE SIGNED</b> <b>3-1-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>3-3-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Hill Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Carthage, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>3-3-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Wayne B. Clatter M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Ulmer Funeral Home</b>	<b>ADDRESS</b> <b>Carthage, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

VS NOV 13 1959

RECEIVED MAR 11 1954

Jasper County Health Office

County File Number 54-3-191

Date Filed MAR 11 1954

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 William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Cartersville, Ga.

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.