

FILED NOV 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39831**

BIRTH NO. **63396-54** REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **159**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sikeston)	c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN Lilbourn	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. delta Comm. Ho sp.		STREET ADDRESS (If rural, give location) 1 mile n-w of Lilbourn	

3. NAME OF DECEASED (Type or Print)	a. (First) Evelyn	b. (Middle) Jean	c. (Last) Creed	4. DATE OF DEATH (Month) (Day) (Year) Nov. 6 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 13 1954	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 3 Days 23	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (City and State or Foreign Country) Lilbourn, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas L. Creed	13b. MOTHER'S MAIDEN NAME Beatrice Middleton	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Thomas L. Creed	ADDRESS Lilbourn, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bronchopneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 		
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 491 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **11-5-1954** to **11-6-1954**, that I last saw the deceased alive on **11-6-1954**, and that death occurred at **2:20 am**, from the causes and on the date stated above.

23a. SIGNATURE G. S. Wacker (Degree or title) MD	23b. ADDRESS Sikeston Mo	23c. DATE SIGNED 11-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-8-54	24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cem	24d. LOCATION (City, town, or county) (State) Bell City, Mo.
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DATE REC'D BY LOCAL REG. 11-9-54	REGISTRAR'S SIGNATURE Mrs. Ella Funder	25. FUNERAL DIRECTOR'S SIGNATURE Ponder Funeral Home	ADDRESS Lilbourn, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED NOV 15 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1154-229

NOV 19 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.....
Signature of Student Embalmer

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn

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.