

FILED MAR 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5282

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (In this place) YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1605 JOPLIN ST.				d. STREET ADDRESS (If rural, give location) 1605 JOPLIN ST.			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) WASHINGTON		c. (Last) CREECH		4. DATE OF DEATH (Month) (Day) (Year) FEB. 6, 1955	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH JAN. 12, 1879	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-MINER		10b. KIND OF BUSINESS OR INDUSTRY MINING		11. BIRTHPLACE (State or foreign country) AURORA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM P. CREECH		13b. MOTHER'S MAIDEN NAME MAGGIE COLEMAN		14. NAME OF HUSBAND OR WIFE MAGGIE CREECH, DEC'D			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. CARLETHA ELLIS, 1605 JOPLIN ST.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion, fatal</u>  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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		4201	
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>and never attend</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:25 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wendell M. Combs, Jr., M.D., J.C.P.</u>				23b. ADDRESS <u>212 S. 1st St., Jo.</u>		23c. DATE SIGNED 2-17-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 138 2-9-55		24c. NAME OF CEMETERY OR CREMATORY 0 OZARK MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
DATE REC'D BY LOCAL REG. 2-21-55		REGISTRAR'S SIGNATURE <u>Wendell M. Combs, Jr.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Steve Parker Mortuary, Jo.</u> STEVE PARKER MORTUARY, JOPLIN, MO.			

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

County File Number 55-3722  
Date Filed **MAR 1** - 1955

**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.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed F. M. Jones.....

Licensed Embalmer No. 2319.....

P. O. Address Joplin 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 this body is not embalmed, fact should be so stated above.