

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12330

State File No.

FILED MAY 10 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 184

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| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY OR TOWN <u>Joplin</u> | c. LENGTH OF STAY (in this place) <u>35 yrs</u> | c. CITY OR TOWN <u>Joplin</u> | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>2915 N. Sergeant</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Shallie</u> | b. (Middle) <u>G.</u> | c. (Last) <u>Creekmore</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>4 27 1955</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>1-2-1877</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months Days | IF UNDER 6 Wks. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>A. A. Ramsey</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>W. J. Creekmore (deceased)</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes and unknown) <u>No</u> (If yes, give war or date of service) | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Eleck F. Nelson</u> ADDRESS <u>Lautagne Nevada</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Carcinoma of the left ovary</u> | | <u>From 5-6-54 to the time of death</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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>175 X</u> | 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) m. | 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 11-5-43, 19 , to 4-27-55, 19 , that I last saw the deceased alive on 4-27-55, 19 and that death occurred at m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>Joplin Mo</u> | 23c. DATE SIGNED <u>4/29/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-30-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Lamar Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>5-3-55</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 138 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Phoenix Hill Dillon, Joplin Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed
MAY 9 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 Student Embalmer No. working under my personal supervision.. .

Student.....
Signature of Student Embalmer

Signed.....
[Handwritten Signature]

Licensed Embalmer No. 1770

P. O. Address *[Handwritten 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.