

THE DIVISION OF HEALTH OF MISSOURI

FILED SEP 5 1956

STANDARD CERTIFICATE OF DEATH

State File No. 26225

*copy*

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 4069 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Camden</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Camden</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macks Creek</u>		c. LENGTH OF STAY (In this place) <u>37 yrs</u>	c. CITY OR TOWN <u>Macks Creek</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location) <u>0150</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lizzie</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Creach</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-26-1956</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Dec-13-1889</u>	9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR Months <u>8</u> Days <u>13</u>
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>Camden Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Matthew D. Green</u>		13b. MOTHER'S MAIDEN NAME <u>Cordelia A. Moulder</u>		14. NAME OF HUSBAND OR WIFE <u>E. R. Creach</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>500-36-5249</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. R. Creach</u>		ADDRESS <u>Macks Creek, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>		
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			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 <u>June 13-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of liver</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) (Min.)	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>June 13, 1956</u> , to <u>Aug 26, 1956</u> that I last saw the deceased alive on <u>Aug 25, 1956</u> , and that death occurred at <u>3:25 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>C. D. Bailey</u>		23b. ADDRESS <u>204 W. Main St. Mo</u>		23c. DATE SIGNED <u>Aug 29-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug-29-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macks Creek Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Macks Creek, MO</u>		
DATE REC'D BY LOCAL REG. <u>8-29-56</u>	REGISTRAR'S SIGNATURE <u>Alde R. Eldred</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen W. Vaughan, Yuba, Mo</u>		

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

4840

**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 *Allen W. Vaughan*.....

Licensed Embalmer No. *4156*

P. O. Address *Urbana, Ill.*

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.