

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24489

State File No. _____

FILED AUG 12 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3430

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). b. STATE <u>Mo</u> c. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes</u>		e. STREET ADDRESS (If rural, give location) <u>7211 James Reed Rd</u>	
3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>Sidney</u> c. (Last) <u>Creek</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-21-57</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-21-92</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FLORIST</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LOMBARD, ILL.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>BEAUGARD CREEK</u>	13b. MOTHER'S MAIDEN NAME <u>MARY E. ESTES</u>
14. NAME OF HUSBAND OR WIFE <u>EDNA CREEK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>703-03-8642</u>
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EDNA CREEK</u>		ADDRESS <u>7211 J.A. REED RD.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EDEMA</u> ANTECEDENT CAUSES DUE TO (b) <u>MYOCARDIAL FAILURE</u> DUE TO (c) <u>CHRONIC MYOCARDITIS</u> II. OTHER SIGNIFICANT CONDITIONS <u>INTRACAPILLARY CHOLESTEROLEMIA</u> <u>DIABETES MELLITUS - UREMIA.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>6 HOURS</u> <u>6 HOURS</u> <u>4-5 YEARS</u> <u>SEVERAL YEARS</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>		21. HOW DID INJURY OCCUR?
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from <u>1953</u> to <u>July 21</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>July 20</u> , 19 <u>57</u> , and that death occurred at <u>3:40 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>G. R. Byers M.D.</u> (Degree or title) <u>D</u>		23b. ADDRESS <u>4635 Wyandotte, K.C. Mo</u>	23c. DATE SIGNED <u>7-21-57.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-23-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS</u>	24d. LOCATION (City, town, or county) (State) <u>K.C., Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-22-57</u>	REGISTRAR'S SIGNATURE <u>Neva Minchall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hullady-McKillop-Exler-1810 E. LINWOOD</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
P. L. Byers, M.D.

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 *James E. Kachlem*.....
Licensed Embalmer No. *4573*

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

12/24/48