

diseases in Part I must be causally related. Coroner cannot certify to a death "due to natural causes."
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 27 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **30660**

Registration District No. **37th** Primary Registration District No. **4551** Registrar's No. **36**

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Wright		b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Mountain Grove		a. STATE Missouri		b. COUNTY Wright	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 303 Lake Street		Length of stay in 1b Life		c. CITY OR TOWN Mountain Grove		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Janice		Middle Darlene		Last Creech		Month August Day 12 Year 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Sept. 7, 1956	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.	
				Months 11 Days 5 Hours Min. 			
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 country) Springfield, Missouri	
13. FATHER'S NAME James Creech				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. ---		17. INFORMANT Address James Creech Mountain Grove, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Transition							INTERVAL BETWEEN ONSET AND DEATH 4 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Non-specific Enteritis DUE TO (c) Constitutional Inadequacy							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Cerebral Palsy							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from August 11-57 , to _____ and last saw her <u>her</u> alive on August 11, 57 Death occurred at 5:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Richard S. Matthews</i>				22b. ADDRESS <i>2114 Grace, Mo</i>		22c. DATE SIGNED 8/13/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/14/1957		23c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery		23d. LOCATION (City, town, or county) (State) Howell County, Missouri	
24. FUNERAL DIRECTOR Barber Funeral Home			ADDRESS Mtn. Grove, Mo.		25. DATE RECD. BY LOCAL REG. 8-13-57		26. REGISTRAR'S SIGNATURE A. B. Ames

(Licensed Embalmer's Statement on Reverse Side)

