

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5581 State File No. 9364  
Registrar's No. 110

FILED MAR 31 1950

BIRTH NO. 2459-50 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 5581

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN - Galena</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>	
c. LENGTH OF STAY (in this place) <b>7 WKS.</b>		d. STREET ADDRESS (If rural, give location) <b>Rt # 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt # 3</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ELISABETH</b>	b. (Middle) <b>SUSAN</b>	c. (Last) <b>CREIGHTON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 5 1950</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>JAN 9 1950</b>	9. AGE (In years last birthday) <b>-</b> IF UNDER 1 YEAR Months <b>1</b> Days <b>26</b> IF UNDER 4 HRS. Hours <b>-</b> Min. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ELVA CREIGHTON</b>	13b. MOTHER'S MAIDEN NAME <b>NANCY PRICE</b>	14. NAME OF HUSBAND OR WIFE <b>-</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ELVA CREIGHTON</b>	ADDRESS <b>JOPLIN</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malnutrition</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 MO.</b>
	*ANTECEDENT CAUSES Morbidity 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. <b>Morasmus.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **3-5**, 19**50**, to **3-5**, 19**50**, that I last saw the deceased alive on **did not**, 19**50**, and that death occurred at **9:45** a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	23b. ADDRESS <b>Walden City, Mo.</b>	23c. DATE SIGNED <b>3/7/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAR 8 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEM. PARK</b>	24d. LOCATION (City, town, or county) (State) <b>JOPLIN MO.</b>
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DATE REC'D BY LOCAL REG. <b>3-11-50</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>HURL BUT GLOVER</b>	ADDRESS <b>JOPLIN</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

049

RECEIVED 3-20-50  
Jasper County Health Office

County File Number 50-3-193

Date Filed 3-25-50

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 \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*Paul Glover*

Licensed Embalmer No. 4593

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.