

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20666

REGISTRAR'S No. 273

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 200		REGISTRAR'S No. 273	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Jasper</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jasper</b>	
c. LENGTH OF STAY (In this place) <b>15 Yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		d. STREET ADDRESS (If rural, give location) <b>915 North Sergeant Avenue</b>		0475	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>915 North Sergeant Ave.</b>							
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <b>Gwendolyn</b>		b. (Middle) <b>CREEKMORE</b>		c. (Last) <b>CREEKMORE</b>		6. DATE OF DEATH (Month) (Day) (Year) <b>May 28, 1950</b>	
(Type or Print)							
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>October 18, 1900</b>		9. AGE (In years last birthday) <b>49</b>		10. IF UNDER 1 YEAR Months <b>7</b> Days <b>10</b>	
11. BIRTHPLACE (State or foreign country) <b>Ponca City, Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13. IF UNDER 14 HRS. Hours <b>10</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>		11. BIRTHPLACE (State or foreign country) <b>Ponca City, Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>John McCarthy</b>		13b. MOTHER'S MAIDEN NAME <b>Hallie G. Ramsey</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Hallie G. Creekmore Joplin, Mo</b>			
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>Mrs Hallie G. Creekmore Joplin, Mo</b>			
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* <b>Spit out Chemical ingested</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Patien unknown to jury</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Medic of Lorrain's Jury</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Unknown</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <b>Joplin Jasper</b>		21d. STATE (STATE) <b>Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>5-28-50</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Spit out poison</b>			
22. I hereby certify that I attended the deceased from <b>Wed Nov 29 attend same</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>W. B. Creekmore</b>				23b. ADDRESS <b>138 1/2 Main St. Joplin Mo.</b>		23c. DATE SIGNED <b>6/19/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 2, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lamar, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6-21-50</b>		REGISTRAR'S SIGNATURE <b>W. B. Creekmore</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillon Mort. Joplin, Mo.</b>			

