S. No. 300
v. 10.48

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

FILED OCT 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33037

BIRTH NO. — REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 5302 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Cole x Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Henley rural Clark
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Henley rural
d. STREET ADDRESS (If rural, give location): 0260

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Jane
c. (Last): Creekbaum

4. DATE OF DEATH (Month) (Day) (Year): 10-5-50

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 19, 1863
9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U

13a. FATHER'S NAME: James Carrender
13b. MOTHER'S MAIDEN NAME: Reynolds
14. NAME OF HUSBAND OR WIFE: Isaiah Creekbaum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Clark Taylor
ADDRESS: Henley Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Malnutrition of Pellagrous Nature — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 21, 19 50, *to* Oct 5, 19 50, *that I last saw the deceased alive on* Sept 29, 19 50, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Humphreys (Degree or title): D.O.
23b. ADDRESS: Lexington, Mo.
23c. DATE SIGNED: 10-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 7-1950
24c. NAME OF CEMETERY OR CREMATORY: Hickory Hill Cemetery
24d. LOCATION (City, town, or county) (State): East Eugene, Mo.

DATE REC'D BY LOCAL REG.: Oct. 10-50
REGISTRAR'S SIGNATURE: Mrs. T. L. Glover
25. FUNERAL DIRECTOR'S SIGNATURE: G. E. Stiffens
ADDRESS: Russellville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-23-50
DISTRICT HEALTH OFFICE No. 5
District File Number
Date Filed 10-23-50

OCT 24 1950

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.

Signed G. N. Steffens

Signed .....
Student Embalmer

Licensed Embalmer No. 2307

P. O. Address Russellville 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.