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

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34194

BIRTH NO. _____ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 5809 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Danville Twn
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Danville Twn 0785
d. STREET ADDRESS (If rural, give location): none 1 mile south New Florence Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Addie
b. (Middle):
c. (Last): Creech

4. DATE OF DEATH (Month) (Day) (Year): Oct 4 th 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: July 4 th 1869
9. AGE (In years last birthday): 81 | 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): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Middletown Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John K. Bethel
13b. MOTHER'S MAIDEN NAME: Harrrett Oden
14. NAME OF HUSBAND OR WIFE: Edward H. Creech "Dec"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME | ADDRESS: Edward Creech New Florence 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) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Cervix — ?
DUE TO (c) Arterio-Sclerotic Nephritis — ?

II. OTHER SIGNIFICANT CONDITIONS — 771X
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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-26-, 1950, *to* Oct-4, 1950, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11.30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James O. Helm MD
23b. ADDRESS: New Florence Mo.
23c. DATE SIGNED: 10-5-50

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 10-6-50
24c. NAME OF CEMETERY OR CREMATORY: New Florence
24d. LOCATION (City, town, or county) (State): New Florence Mo

DATE REC'D BY LOCAL REG.: 10-5-50
REGISTRAR'S SIGNATURE: James O. Helm M.D. 207
25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS: C. T. Hopkins Montgomery City Mo

(Licensed Embalmer's Statement on Reverse Side) C T Hopkins

RECEIVED

OCT 16 1950

DISTRICT HEALTH OFFICE No. 4

File No. .....

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~~ on the day of Oct 1950, Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.