

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 597 STATE FILE NUMBER 63-048408

FILED DEC 18 1963							
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Jasper</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b DOA</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri COUNTY Jasper</p> <p>c. CITY OR TOWN Webb City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 101 1/2 W. 3rd St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>						
<p>3. NAME OF DECEASED First Marie Middle T. Last Creech</p>							
<p>4. DATE OF DEATH Month December Day 4 Year 1963</p>							
<p>5. SEX Female</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 1-15-1886</p>	<p>9. AGE (last birthday) 77</p>	<p>IF UNDER 1 YEAR Months _____ Days _____</p>	<p>IF UNDER 24 HR Hours _____ Min. _____</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (City and state or country) Dennison, Texas</p>		<p>12. CITIZEN OF WHAT COUNTRY USA</p>	
<p>13a. FATHER'S NAME Avery Swager</p>			<p>13b. MOTHER'S MAIDEN NAME Martha Couter</p>			<p>14. NAME OF HUSBAND OR WIFE</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No</p>		<p>16. SOCIAL SECURITY NO.</p>		<p>17. INFORMANT Eva A. Gray Address 303 S. Main St. Webb City, Mo.</p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Acute Myocardial Infarction</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart disease Compensated</p>						<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from Sept. 1960 to Dec. 4, 1963 and last saw her alive on Nov. 6, 1963</p> <p>Death occurred at 8:45P m on the date stated above, and to the best of my knowledge, from the causes stated.</p>							
<p>22a. SIGNATURE <i>Johnston-Simpson</i> (Degree or title) M.D.</p>				<p>22b. ADDRESS Medical Arts Bldg. Joplin</p>		<p>22c. DATE SIGNED 12-6-63</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>		<p>23b. DATE 12-7-1963</p>		<p>23c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery</p>		<p>23d. LOCATION (City, town, or county) (State) Carterville, Mo.</p>	
<p>24. FUNERAL DIRECTOR Johnston-Simpson, Webb City, Mo. ADDRESS</p>				<p>25. DATE RECD. BY LOCAL REG. 12-9-1963</p>		<p>26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i></p>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DEC 19 1963

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 _____
Signature of Student Embalmer

Signed Clyde M. Johnston

Licensed Embalmer No. 4304
P. O. Address Webb City 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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