THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 31 1956

STATE FILE NUMBER 34644

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY Lawrence	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Martinburg 0040 1 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. State Sanatorium — Length of stay in 1b 379 days	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Estella — Middle Joan?? Rebecca ? — Last Creed

4. DATE OF DEATH: Month Oct. Day 20, Year 1956

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ ?? DIVORCED ☐

8. DATE OF BIRTH: Sept. 27, 1919

9. AGE (In years last birthday): 37 — 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): Laundry

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Paris, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Homer Creed

14. MOTHER'S MAIDEN NAME: Christina Walker

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.: None

17. INFORMANT: San.records,Mo.State — Address: San.,Mt.Vernon,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 5+ years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 002X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 9 - 17 - 55, to 10 - 20 - 56 and last saw her alive on 10-20-56. Death occurred at 9:23 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. A. Brashes M.D. 0

22b. ADDRESS: Mt. Vernon, Mo.

22c. DATE SIGNED: 10-22-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Oct-23-1956

23c. NAME OF CEMETERY OR CREMATORY: Sanatorium Cemetery

23d. LOCATION (City, town, or county) (State): Mt. Vernon, Mo.

24. FUNERAL DIRECTOR — ADDRESS: G. D. Fassett - Mt. Vernon, Mo

25. DATE RECD. BY LOCAL REG.: Oct 24, 1956

26. REGISTRAR'S SIGNATURE: Cecil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. D. Fassett

Licensed Embalmer No. 229

P. O. Address Mt. Vern

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.