0.300
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FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4450

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 31

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

1. PLACE OF DEATH
a. COUNTY: Salem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall Twp
c. LENGTH OF STAY (in this place): 14 Mo 28
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo State School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Browning 1050
d. STREET ADDRESS (If rural, give location): R F D 1

3. NAME OF DECEASED (Type or Print)
a. (First): Nina
b. (Middle): Ray
c. (Last): Creason

4. DATE OF DEATH (Month) (Day) (Year): Feb 2 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Nov 3-1928
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months 2, Days 28 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Ralph Creason
13b. MOTHER'S MAIDEN NAME: Marie Brehm
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: State School Records — ADDRESS: Marshall 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): Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: — 002X

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* July 1, 1952, *to* Feb 2, 1953, *that I last saw the deceased alive on* Feb 1, 1953, *and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Lawless M.D. By J. H. Davidson Jr.
23b. ADDRESS: Mo State School Marshall
23c. DATE SIGNED: 2-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Hoover Cemetery
24d. LOCATION (City, town, or county) (State): Sullivan County, Mo.

DATE REC'D BY LOCAL REG.: 2-2-1953
REGISTRAR'S SIGNATURE: Sidney T. Gray 3-5-53
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Campbell-Lewis Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.