

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19578

State File No.

No. 300
10.48

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

0860

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FILED JUL 13 1954

BIRTH NO. 12039-54 REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Putnam Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sueman</u>	
b. CITY OR TOWN <u>Unionville</u>		c. CITY OR TOWN <u>Rawtown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>101-0 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JANICE</u> b. (Middle) <u>KAY</u> c. (Last) <u>CREASON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 2 54</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>7-2-1954</u>
9. AGE (In years last birthday) <u>3</u>		10. UNDER 1 YEAR <u>0</u> 11. UNDER 6 Hrs. <u>3</u> 12. UNDER 1 Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Putnam County Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Vernon Creason</u>	
13b. MOTHER'S MAIDEN NAME <u>Geraldine Hines</u>		14. NAME OF HUSBAND OR WIFE	
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 <u>Geraldine Creason Newton</u> ADDRESS <u>Newton Mo</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>placenta previa</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>five months pregnancy</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7615</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>7-2</u> , 19 <u>54</u> , to <u>7-2</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-2</u> , 19 <u>54</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>L. W. McDonald</u>		23b. ADDRESS <u>Box 2 Unionville, Mo.</u>	
23c. DATE SIGNED <u>7-3-54</u>		24a. BURIAL CREMATION, REMOVAL (Specify) <u>July 3, 1954</u>	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Newton</u>	
24d. LOCATION (City, town, or county) (State) <u>Newton Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Judd Payne</u> ADDRESS	
DATE RECD BY LOCAL REG. <u>7-10-54</u>		REGISTRAR'S SIGNATURE <u>Marcell Durbin</u>	

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.