

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21933

FILED JUL 12 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 6285 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY _____	
c. CITY (If outside corporate limits write RURAL and give OR (Specify) <u>Wright</u> c. LENGTH OF STAY (in this place) _____		c. CITY (If rural, give location) <u>Wright</u> Is residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles W of Wm Grove</u>		e. STREET ADDRESS <u>3 miles W of Wm Grove 140</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence Edward</u> b. (Middle) _____ c. (Last) <u>Creed</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 14, 1954</u>
9. AGE (In years last birthday) <u>0</u> Months <u>0</u> Days <u>11</u>		10. AGE (In years last birthday) <u>0</u> Months <u>0</u> Days <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Wm Grove, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Wm Creed</u>		13b. MOTHER'S M maiden name <u>Pearl Hicks</u>	
14. NAME OF HUSBAND OR WIFE <u>Chief</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Hicks</u> ADDRESS <u>Wm Grove, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? <u>Septicemic Disease of the newborn?</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>	
DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7700	
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>June 14, 1954</u> , to <u>June 25, 1954</u> , that I last saw the deceased alive on <u>June 24, 1954</u> , and that death occurred at <u>5:30 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Richard E. Mitchell D.O.</u>		23b. ADDRESS <u>Wm. Grove, MO</u>	
23c. DATE SIGNED <u>6-25-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wm Grove</u>	
24d. LOCATION (City, town, or county) <u>Wm Grove, MO</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>6-28-54</u>		REGISTRAR'S SIGNATURE <u>A. B. Ames</u>	
348-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert Wiedly</u> ADDRESS <u>Wm Grove, MO</u>	

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

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WRIGHT CO. HEALTH DEPT.  
County File Number 754-76  
Date Filed 2-10-54

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 Frank Noble

Licensed Embalmer No. 414

P. O. Address Nutgrove

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.