FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4312
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 153

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John Hosp. — Length of stay in 1b 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Strafford 0390 0 — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) 2nd Jackson twn. — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First Ethel Middle May Last Creson

4. DATE OF DEATH Month Feb. Day 10, Year 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED Wm NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 7, 1905
9. AGE (In years last birthday) 51 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Ohio
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Silas Blair
14. MOTHER'S MAIDEN NAME ----------Fisher

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 Address Walter Henry Creson-Strafford, 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 + Hepatic Metastases — INTERVAL BETWEEN ONSET AND DEATH cannot say
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary adenocarcinoma of Breast
DUE TO (c) operated Feb. 1955
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 170X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 1/23/57 to 2/10/57 and last saw her alive on 2/9/57
Death occurred at 10:00 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W Roland Langston (Degree or title) MD
22b. ADDRESS Springfield
22c. DATE SIGNED 2/11/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-12-1957
23c. NAME OF CEMETERY OR CREMATORY Danforth Cemetery
23d. LOCATION (City, town, or county) Greene County, Missouri (State)

24. FUNERAL DIRECTOR Fry Funeral ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 2-11-57
26. REGISTRAR'S SIGNATURE Estella Williamson

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 6 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student ..... ----------
Signature of Student Embalmer

Signed ..... Ley Ramey

Licensed Embalmer No. 331

P. O. Address Springfie

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.