

S. No. 300  
V. 10.48

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27716

866019

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3052 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before at institution). a. STATE <u>Missouri</u> b. COUNTY <u>Jalisco</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>	c. LENGTH OF STAY (in this place) <u>1 Day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>States</u> <u>97</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Conduits Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>218 East Maple</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>ETTA</u> c. (Last) <u>CREED</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 27-1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April-23-1868</u>	9. AGE (In years) (If under 1 year last birthday) Months <u>81</u> Days <u>4</u> Hours <u>5</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Randolph County MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>John T. Halliburton</u>	13b. MOTHER'S MAIDEN NAME <u>Jalatha Brock</u>	14. NAME OF HUSBAND OR WIFE <u>Lewis Creed</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eva Brandenburg</u> ADDRESS <u>States Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensating Heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>2 yrs</u>
	DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4500</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from May, 1946, to Aug 27, 1949, that I last saw the deceased alive on Aug 27, 1949, and that death occurred at 7:15 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John S. Haydock D.O.</u>	23b. ADDRESS <u>Cairo, Mo</u>	23c. DATE SIGNED <u>30 Aug 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug-30-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>6 m. N.E. of Cairo Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/30/49</u>	REGISTRAR'S SIGNATURE <u>Leah Williams Love</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Shaw Funeral Home Moberly Mo.</u> ADDRESS _____
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RECEIVED SEP 6 1949  
District Health Officer No. 1  
District File Number 9-49-15  
Date Filed SEP 6 1949

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.

Signed R. M. Carter

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

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.