

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12779

BIRTH NO. REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5822 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>New MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MICHIGAN</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LILBOURN Township 2UR</u>		c. LENGTH OF STAY (In this place) <u>2 YR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile North of Lilbourn</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>BELL</u> c. (Last) <u>CREED</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 15 1954</u>	
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>Dec 16 1874</u>
9. AGE (In years last birthday) <u>79</u> Months <u>3</u> Days <u>29</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ADVANCE Mo</u>	
13a. FATHER'S NAME <u>THOMAS McCLOUD</u>		13b. MOTHER'S MAIDEN NAME <u>DON'T KNOW</u>	
14. NAME OF HUSBAND OR WIFE <u>WILLIAM LOGAN CREED</u>		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>THOMAS L. CREED</u> ADDRESS <u>LILBOURN, Mo R#1</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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Myocardial failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of breast</u>		5 years	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lilbourn New Madrid Mo</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Lilbourn New Madrid Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
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>Jan</u> , 19 <u>50</u> , to <u>April</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>April</u> , 19 <u>54</u> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. J. Bondar Jr. M.D.</u> (Degree or title)		23b. ADDRESS <u>Portageville, Mo</u>	
23c. DATE SIGNED <u>4-16-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>APRIL 16 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL</u>		24d. LOCATION (City, town, or county) (State) <u>BLOOMFIELD Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-21-54</u>		REGISTRAR'S SIGNATURE <u>H. J. Bondar Deputy</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>WALKIN & MOWERY</u>		ADDRESS <u>PISSOTT, ARK</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

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. 774, working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Dan McBride*

Licensed Embalmer No. 776

P. O. Address. *Rector, A*

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.