

No. 300
10.48

FILED JAN 10 1951

STANDARD CERTIFICATE OF DEATH

40049
State File No. 5188
Registrar's No. 79

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Gir.</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Crump</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Crump Rural 2nd</i>	
c. LENGTH OF STAY (In this place) <i>667 1/2</i>		d. STREET ADDRESS (If rural, give location) <i>0160</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>at Home</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>GIRALD</i>	b. (Middle) <i>Elvde</i>	c. (Last) <i>McELREATH</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 29 1950</i>
-------------------------------------	--------------------------	--------------------------	----------------------------	---

5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>July 12-1880</i>	9. AGE (In years last birthday) <i>70</i>	IF UNDER 1 YEAR Months <i>5</i> Days <i>17</i>	IF UNDER 24 HRS. Hours <i>+</i> Min. <i>+</i>
-----------------------	----------------------------------	--	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	11. BIRTHPLACE (State or foreign country) <i>Mayfield Ky</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
--	--	---	---

13a. FATHER'S NAME <i>John McCreath</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Jones</i>	14. NAME OF HUSBAND OR WIFE <i>Scott</i>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Harriet McCreath</i>	ADDRESS <i>Cape Gir.</i>
--	-------------------------------------	--	-----------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <i>Dec 19 1950</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Apoplexia</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>—</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Neuritis</i>		3351X	

19a. DATE OF OPERATION <i>✓</i>	19b. MAJOR FINDINGS OF OPERATION <i>✓</i>	20. AUTOPSY? YES <i>NO</i> <input type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>—</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>—</i>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>—</i>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>—</i>
---	---	--

22. I hereby certify that I attended the deceased from *Dec 10, 1950*, to *Dec 19, 1950*, that I last saw the deceased alive on *Dec 29, 1950*, and that death occurred at *6:10 pm.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J. M. Finney</i>	23b. ADDRESS <i>White Hall Mo</i>	23c. DATE SIGNED <i>1/29/50</i>
---	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>12/31/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Stoderville Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>White Hall Mo</i>
--	------------------------------	---	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>Jan 2-51</i>	REGISTRAR'S SIGNATURE <i>D. S. Seibert</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. E. Howell</i>	ADDRESS <i>—</i>
--	---	---	---------------------

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

RECEIVED

JAN 8 1951

DISTRICT HEALTH OFFICE NO

No.

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed _____

Licensed Embalmer No. *3390*

P. O. Address *Cape Fear*

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.