

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4403

State File No. ....

FILED MAR 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 57

0268

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

1. PLACE OF DEATH a. COUNTY <u>COLE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		c. LENGTH OF STAY (In this place) <u>2 MONTHS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WESTPHALIA, MO.</u>		0760
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>MARIE</u> c. (Last) <u>CREDE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 2, 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 2, 1920</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>6</u>
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>WESTPHALIA, MO. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>THEODORE LUECKE</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MENGWASSER</u>	14. NAME OF HUSBAND OR WIFE <u>ADOLPH CREDE</u>		
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>Adolph Crede</u> ADDRESS <u>WESTPHALIA, MO.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>21 MOS.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b) _____					
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 <u>9-5-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF RECTUM 154X</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <u>SUICIDE HOMICIDE</u>		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) 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. 1, 1952</u> , to <u>Mar. 2, 1952</u> , that I last saw the deceased alive on <u>Jan. 1, 1952</u> , and that death occurred at <u>8:20 Am.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>C. Stuart Zee, M.D.</u> (Degree or title)			23b. ADDRESS <u>503 E. High St.; J. C. Mo.</u>		23c. DATE SIGNED <u>3/5/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH 5, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH</u>		24d. LOCATION (City, town, or county) (State) <u>WESTPHALIA, MO.</u>	
DATE REC'D BY LOCAL REG. <u>March 5-52</u>		REGISTRAR'S SIGNATURE <u>R.P. Norris MD - MR</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u> ADDRESS <u>J. C. MO.</u>		

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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 .....  
Student Embalmer

Signed..... *Sylvester Dulle* .....

Licensed Embalmer No. *4321* .....

P. O. Address..... *Jefferson City, 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.