

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40103**
10652

FILED DEC 12 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____									
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY _____											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (If this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Murphysboro		R 120									
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Pacific Hosp.				d. STREET ADDRESS (If rural, give location) R.R. # 3											
3. NAME OF DECEASED (Type or Print) a. (First) FRED			b. (Middle) -		c. (Last) CREATH		4. DATE OF DEATH (Month) (Day) (Year) 11. 17. 52.								
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 25. 1890		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer				10b. KIND OF BUSINESS OR INDUSTRY railroad		11. BIRTHPLACE (City and State or Foreign Country) Oraville, Illinois				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME George Creath				13b. MOTHER'S MAIDEN NAME Lorenise Barber				14. NAME OF HUSBAND OR WIFE Ada Creath							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. 344-07-4598		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ada Creath, Murphysboro, Ill.									
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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy, intrathoracic, with metastases to brain</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>								INTERVAL BETWEEN ONSET AND DEATH July, 52					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____						21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 164X	
22. I hereby certify that I attended the deceased from 11-15 , 19 52 , to 11-17 , 19 52 ; that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 A.M., from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) Clemens J. Sullivan, M.D.						23b. ADDRESS No. Pac. Hoop				23c. DATE SIGNED Nov. 19					
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-18-52		24c. NAME OF CEMETERY OR CREMATORY _____				24d. LOCATION (City, town, or county) (State) Murphysboro, Ill.							
DATE REC'D BY LOCAL REG. NOV 19 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer & Denny, Murphysboro, Ill.									

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

9, 10. (Licensed Embalmer's Statement on Reverse Side)

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

Gerald O. Yabuke

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

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.