

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32626**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 5302		Registrar's No. 321	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jefferson Township		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jefferson Township		d. STREET ADDRESS (If rural, give location) 3 miles south old 54 highway	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles south old 54 Highway				d. STREET ADDRESS (If rural, give location) 3 miles south old 54 highway			
3. NAME OF DECEASED (Type or Print) Frederick Albert Crede			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Nov. 11, 1955 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Oct. 25, 1870		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 0 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY own		11. BIRTHPLACE (City and State or Foreign Country) Brazito, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME William Crede			13b. MOTHER'S MAIDEN NAME Emma Clarenbach			14. NAME OF HUSBAND OR WIFE Mrs Margaret Crede	
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. no		17. INFORMANT'S SIGNATURE OR NAME Mrs J. D. Lake ADDRESS Jefferson City, Mo. Rt 5		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES DUE TO (b) Wreuma DUE TO (c) Carcinoma Pura Stomach and Kidney II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 June 1, 1955 , to Nov 11, 1955 , that I last saw the deceased alive on Nov 11, 1955 , and that death occurred at 8:45 p.m. , from the causes and on the date stated above.							
23. SIGNATURE (Type or Print) Eugene B. Roberts				23b. ADDRESS Jefferson City MO		23c. DATE SIGNED Nov 13-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 14 1955		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
DATE REC'D BY LOCAL REG. 14 Nov 1955		REGISTRAR'S SIGNATURE R. P. Davis		25. FUNERAL DIRECTOR'S SIGNATURE M. R. Victor		ADDRESS Jefferson City Mo	

(Licensed Embalmer's Statement on Reverse Side)

JAN 28 1956

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 Victor Brescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.