

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41626

FILED DEC 29 1955

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>184</u>			
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>USAR</u> OR TOWN <u>Ft. Leonard Wood, Mo.</u>		c. LENGTH OF STAY (In this place) <u>1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair, Missouri</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>U. S. Army Hospital, Ft. Wood</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route #2</u>					
3. NAME OF DECEASED (Type or Print) <u>Fred Conrad Crecelius</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>December 17, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Caucasian</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12 Sep 1885</u>			
9. AGE (In years last birthday) <u>70</u>		10. UNDER 1 YEAR Months _____ Days _____		10. UNDER 28 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>John Crecelius</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Richard</u>			14. NAME OF HUSBAND OR WIFE <u>Charles Crecelius</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UN KNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Charles Crecelius, St. Clair, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Benign prostatic hyperplasia of left lung, metastases to liver and adrenal.</u> 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. <u>Arterio-sclerotic Cardiovascular system</u> <u>162X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Normal</u>				20. AUTOPSY? YES <input checked="" 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) (Min)		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>22 Sep, 1955</u> , to <u>17 Dec, 1955</u> , that I last saw the deceased alive on <u>17 Dec, 1955</u> , and that death occurred at <u>1:30 m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Charles Crecelius</u>				23b. ADDRESS <u>U.S. Army Hospital</u>		23c. DATE SIGNED <u>18 Dec 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/18/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>St. Clair Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12-18-55</u>		REGISTRAR'S SIGNATURE <u>Charles Crecelius</u>		25. TYPING DIRECTOR'S SIGNATURE <u>Richard Helges</u>		ADDRESS <u>Helges Funeral Homes Inc Grocker</u>			

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

JAN 10 1955

Date Filed 12-18-55

12-18-55

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

Clarence Shouse

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.