No. 300
10.48

DEC 15 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39447

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 406

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 315 ½ North Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): Owen
b. (Middle):
c. (Last): Creason

4. DATE OF DEATH (Month) (Day) (Year): December 4, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: September 20, 1874
9. AGE (In years last birthday): 78 — If under 1 year: Months 2, Days 8 — If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal merchant
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Ralls County Missouri
12. CITIZEN OF WHAT COUNTRY?: U S A
13a. FATHER'S NAME: George Washington Creason
13b. MOTHER'S MAIDEN NAME: Ann Elizabeth James
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Wilbur Creason
ADDRESS: 420 Rock Street Hannibal Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

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. Severe dietary anemia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 493X
20. AUTOPSY? YES ☐ NO ☑

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): Hannibal Marion Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 31, 1952, to Dec 3, 1952, that I last saw the deceased alive on Dec 3, 1952; and that death occurred at 6:30 Am., from the causes and on the date stated above.

23a. SIGNATURE: J. H. Wallus Sheid (Degree or title) M.D.
23b. ADDRESS: 508 Broadway Hannibal
23c. DATE SIGNED: 12/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: 12/6/52
24c. NAME OF CEMETERY OR CREMATORY: Mt Olivet Cem
24d. LOCATION (City, town, or county) (State): Hannibal Marion Mo.

DATE REC'D BY LOCAL REG.: 12/8/52
REGISTRAR'S SIGNATURE: H C Fisher / Dr. M Lucke 184 Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: W Crawford Smith
ADDRESS: Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-11-52
MARION CO. HEALTH DEPT.
DATE FILED 12-12-52

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 Embalmer No. .....

Signed John S. Grant

Signed.....
Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.