

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38047**

DEC 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **93**

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

1. PLACE OF DEATH a. COUNTY <b>Columbia</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cameron</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Stewartsville</b> <b>1320</b>	
c. LENGTH OF STAY (in this place) <b>6 mo.</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>408 W. Paris</b>			

3. NAME OF DECEASED (Type or Print) <b>Fannie</b>	a. (First)	b. (Middle) <b>x x x</b>	c. (Last) <b>Creamer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11-21-52</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>2-16-1861</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 Mts. Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Stewartsville Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jack Parr</b>	13b. MOTHER'S MAIDEN NAME <b>Susan Collins</b>	14. NAME OF HUSBAND OR WIFE <b>Samuel Creamer</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Frank Hoggatt</b>	ADDRESS <b>Cameron, Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b> <b>10 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary fracture</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive encephalopathy</b> DUE TO (c) <b>Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<b>332X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **10-25-1951**, to **11-21-1952**; that I last saw the deceased alive on **11-16-1952**, and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Compton</b> (Degree or title)	23b. ADDRESS <b>Stewartsville Mo</b>	23c. DATE SIGNED <b>11/27/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-23-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen</b>	24d. LOCATION (City, town, or county) (State) <b>Osborn, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-30-52</b>	REGISTRAR'S SIGNATURE <b>Wm. Fred W. Moser</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.E. Summerfield</b>	ADDRESS <b>Stewartsville</b>
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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 W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartsville, 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.