

19332

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 21 1956

No. 300  
10.48

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>6181</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Penn Twp.</u>			c. LENGTH OF STAY (In this place) <u>15 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Penn Twp.</u>			<u>1050</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 1 mi E. of Green City</u>				d. STREET ADDRESS (If rural, give location) <u>1 mi East of Green City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Granvil</u> b. (Middle) <u>Dewey</u> c. (Last) <u>Creason</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 1956</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 6, 1898</u>		9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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>Gen. farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Will Creason</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Grindstaff</u>		14. NAME OF HUSBAND OR WIFE <u>Christena Jones Creason</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Christena Creason, Green City, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES <u>Coronary sclerosis</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <u>Arteriosclerosis</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS:  INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u> <u>2 yrs</u> <u>7 yrs</u>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4501</u>					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) m.		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>Jan 29, 1947</u> , to <u>May 9, 1956</u> , that I last saw the deceased alive on <u>May 9, 1956</u> , and that death occurred at <u>1 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. D. Smith D.O.A.</u>			23b. ADDRESS <u>Green City, Missouri</u>			23c. DATE SIGNED <u>5/11/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 11, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-12-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn E. Hatton Green City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

025

MAY 22 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

*Karl R. Kent*

Licensed Embalmer No.

4689

P. O. Address

Green City, 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.