

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2301**

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 6022 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Crooked River Twnshp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Crooked River Twnshp</u>	
c. LENGTH OF STAY (in this place) <u>49 yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles NE of Richmond</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles NE of Richmond</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RAYMOND</u>	b. (Middle) <u>BRADEN</u>	c. (Last) <u>MASON</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>January 15, 1949</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>August 18, 1899</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u>	IF OVER 1 YEAR Hours <u></u> Min. <u></u>
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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>Ray County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>B. O. Mason</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Carter Mason</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Mason</u> ADDRESS <u>Richmond, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery occlusion</u>		<u>5 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Previous coronary occlusion</u> DUE TO (c) <u>Myocardial infarct</u>		<u>2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4 hrs.</u>			

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Crooked River Township</u>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Ray Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>no</u>
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22. I hereby certify that I attended the deceased from June 10, 1948, to Jan 15, 1949, that I last saw the deceased alive on Jan 15, 1949, and that death occurred at 8:05 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.C. Johnson, M.D.</u>	23b. ADDRESS <u>Richmond, Mo.</u>	23c. DATE SIGNED <u>Jan. 17, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 17, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 17 - 1949</u>	REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Funeral Home</u> ADDRESS <u>Richmond, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

89
0
0

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-9-48

JAN 5 1950

OCT 28 1948

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, ~~of~~ BY

Student Embalmer No.

working under my personal supervision.

Signed William L. Thurman

Signed
Student Embalmer

Licensed Embalmer No. 1563

P. O. Address Richmond, 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.