S. No. 300
v. 10.48

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

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15724

State File No.

BIRTH NO. 856 83-49 REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 18

1141

1. PLACE OF DEATH
a. COUNTY: WRIGHT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN GROVE, MO
c. LENGTH OF STAY (in this place): LIFETIME
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: WRIGHT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN GROVE, MISSOURI 1141
d. STREET ADDRESS (If rural, give location): NONE

3. NAME OF DECEASED (Type or Print)
a. (First): JOYCE
b. (Middle): LEE
c. (Last): RANEY

4. DATE OF DEATH (Month) (Day) (Year): April 5 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: DEC 6, 1949
9. AGE (In years last birthday): 0 — If under 1 year: Months 4, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~INFANT~~ None
10b. KIND OF BUSINESS OR INDUSTRY: ~~INFANT~~ None
11. BIRTHPLACE (State or foreign country): MTN GROVE, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: US.

13a. FATHER'S NAME: CECIL RANEY
13b. MOTHER'S MAIDEN NAME: VIRGINA SMART
14. NAME OF HUSBAND OR WIFE: ~~BABY~~ 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 — ADDRESS: CECIL RANEY MTN GROVE, 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) Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH: From birth

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.

223X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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)
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* 12-6, 1949, *to* 4-5, 1950, *that I last saw the deceased alive on* 4-4, 1950, *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Craig DVM
23b. ADDRESS: Mtn Grove Mo
23c. DATE SIGNED: 4-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: April 6 1950
24c. NAME OF CEMETERY OR CREMATORY: LONE STAR
24d. LOCATION (City, town, or county) (State): MTN GROVE, MISSOURI

DATE REC'D BY LOCAL REG.: 4-19-50
REGISTRAR'S SIGNATURE: A. C. Ames. 348
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Russell Barber Mtn Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 27 1950
WRIGHT CO. HEALTH DEPT.
County File Number 450-51
Date Filed 4-29-50

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, 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.