

S. No. 3007
 v. 10.48

JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1095

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

BIRTH NO.		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give township) Fayette		c. LENGTH OF STAY (In this place) 41 Days		c. CITY (If outside corporate limits, write RURAL and give township) Fayette		0451	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital				d. STREET ADDRESS (If rural, give location) 801 W. Spring 7			
3. NAME OF DECEASED a. (First) Susie			b. (Middle) Richards		c. (Last) Mason		4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 12, 1869	9. AGE (In years last birthday) 82	10. UNDER 1 YEAR 6 Months	11. UNDER 2 HRS. 21 Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Franklin Richards		13b. MOTHER'S MAIDEN NAME Elizabeth Williams		14. NAME OF HUSBAND OR WIFE Harry P. Mason			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Mason Fayette, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Metastatic Common bil duct due</i>					1 yr.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <i>to post-operative adhesions,</i> DUE TO (c) <i>ct tube drainage</i>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <i>Nov '50</i>		19b. MAJOR FINDINGS OF OPERATION <i>Stenosis-inflammatory common duct 586x</i>				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 <i>Nov</i> , 1950, to <i>Jan 3</i> , 1952, that I last saw the deceased alive on <i>Jan 3</i> , 1952, and that death occurred at <i>2 P</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>M. Sheehy M.D.</i>				23b. ADDRESS <i>Fayette, Mo.</i>		23c. DATE SIGNED <i>1-5-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1/6/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Walnut Ridge Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Fayette, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>1-5-52</i>		REGISTRAR'S SIGNATURE <i>Mary K. Sheehy</i>		5. FUNERAL DIRECTOR'S SIGNATURE <i>Ralph A. Carr</i>		ADDRESS <i>Fayette, Mo</i>	

RECEIVED JAN 15 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 15 1952

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 Ralph A Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Jayette 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.