S. No. 300
EV. 10-48

FILED JUN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16970

BIRTH NO. _____ REG. DIST. NO. 126 PRIMARY REG. DIST. NO. 2001 Registrar's No. 229

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Cherokee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baxter Springs $150
d. STREET ADDRESS (If rural, give location): 8

3. NAME OF DECEASED (Type or Print): a. (First) Ray b. (Middle) c. (Last) Mecum
4. DATE OF DEATH: (Month) 5 (Day) 15 (Year) 1952
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 11-25-1888
9. AGE (In years last birthday): 63 | If under 1 year: Months, Days | If under 1 day: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas 1
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: John Mecum
13b. MOTHER'S MAIDEN NAME: Mary Etta Craycoft
14. NAME OF HUSBAND OR WIFE: Lucille
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. War #1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Lucille Mecum ADDRESS: Baxter Spgs. Ks.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 9 days

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4-2-51
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* 5-6, 1952, *to* 5-15, 1952, *that I last saw the deceased alive on* 5-12, 1952 *and that death occurred at* 12:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. A. Bogan (Degree or title): M.D.
23b. ADDRESS: Baxter Springs Ks.
23c. DATE SIGNED: 5-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Brenner Funeral Home
24d. LOCATION (City, town, or county) (State): Pittsburg, Kansas

DATE REC'D BY LOCAL REG.: 5-23-52
REGISTRAR'S SIGNATURE: Ed S. Jones M.D. by Delbert Lamphindo
(License No. of Registrar's Signature)
25. FUNERAL DIRECTOR'S SIGNATURE: Thornhill-Dillon
ADDRESS: Joplin, Mo.

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

RECEIVED 6-4-52
Jasper County Health Office

County File Number 52/6/418

Date Filed 6-4-52

JUL 14 1952

JUN 5 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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.