

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5545 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <i>Howard</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Howard</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Chanton Twp. Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Chanton Twp. Mo.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Route "E" 6 mi s.e. Glasgow</i>		d. STREET ADDRESS (If rural, give location) <i>Route "E" 6 mi s.e. Glasgow</i>	

3. NAME OF DECEASED (Type or Print) <b>MATTIE EARICKSON CASON</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>Sept. 21, 1954</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Mar. 24, 1871</i>	9. AGE (In years, last birthday) <i>83</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>William Lewis</i>	13b. MOTHER'S MAIDEN NAME <i>Mattie Dickson</i>	14. NAME OF HUSBAND OR WIFE <i>B. Carr Cason (dec.)</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Harry Gady</i>	ADDRESS <i>Glasgow Mo.</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
	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 <i>410X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Jan*, 19*45*, to *Sept*, 19*54*, that I last saw the deceased alive on *9-20-*, 19*54*, and that death occurred at *2:00* p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>James E. Walker</i>	(Degree or title) <i>reg</i>	23b. ADDRESS <i>Glasgow Mo.</i>	23c. DATE SIGNED <i>9-22-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept. 23, 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington</i>	24d. LOCATION (City, town, or county) (State) <i>Glasgow Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Sept. 23, 1954</i>	REGISTRAR'S SIGNATURE <i>Walker Audsley</i>	410	25. FUNERAL DIRECTOR'S SIGNATURE <i>Rudley - Trumbull</i>	ADDRESS <i>Glasgow Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0450

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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed..... *W. Greenough*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, N.Y.*

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.