

STANDARD CERTIFICATE OF DEATH

State File No. 34027

FILED NOV 15 1955

BIRTH NO. 184 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 4247 Registrar's No. 48

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>MADISON</b> |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>MADISON</b> |  |
| b. CITY OR TOWN <b>MARQUAND</b>               |  | c. CITY OR TOWN <b>MARQUAND</b>  |  |
| c. LENGTH OF STAY (in this place)             |  | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>             |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION       |  | STREET ADDRESS (If rural, give location) <b>0620</b>   |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>THOMAS</b> b. (Middle) <b>JASPER</b> c. (Last) <b>MAUSER</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>2-12-55</b> |  |  |
| 5. SEX <b>M</b>   |  | 6. COLOR OR RACE <b>W</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>                  |  |
| 8. DATE OF BIRTH <b>7-16-1879</b>   |  | 9. AGE (in years last birthday) <b>75</b>  |  | IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>        |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>MARQUAND - MO</b>          |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  | 13a. FATHER'S NAME <b>John F. MAUSER</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Corinthia Kelley</b>                                |  |
| 14. NAME OF HUSBAND OR WIFE <b>SARAH MAUSER</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>497-07-2316</b>                                       |  |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Freda Mauser</b>   |  | ADDRESS <b>Marquand Mo</b>   |  |  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <b>Mitral Insufficiency</b> |  | INTERVAL BETWEEN ONSET AND DEATH                                      |  |
| ANTECEDENT CAUSES   |  | DUE TO (b) _____   |  |   |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |  | DUE TO (c) <b>410X</b>   |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio Sclerosis</b>  |  |  |  | <b>years</b>  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 years, 19, to Feb, 1955, that I last saw the deceased alive on Jan 15, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

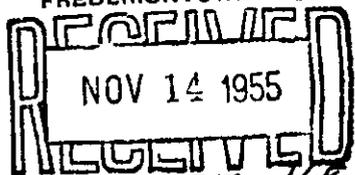
|  |  |                                       |  |                                 |  |
|--|--|---------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <b>J. C. Slaughter M.D.</b> |  | 23b. ADDRESS <b>Fredricks town Mo</b> |  | 23c. DATE SIGNED <b>1-16-55</b> |  |
|--|--|---------------------------------------|--|---------------------------------|--|

|   |  |                          |  |  |  |
|---|--|--------------------------|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> |  | 24b. DATE <b>2-14-55</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Mauser cemetery</b>        |  |
|   |  |                          |  | 24d. LOCATION (City, town, or county) (State) <b>Marquand MO</b> |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <b>11-6-1960</b> |  | REGISTRAR'S SIGNATURE <b>Florence Ficker</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Eda Roman Marquand Mo</b> |  |
|---|--|--|--|---|--|

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

MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE No. 1132-38

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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.....  
Signature of Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 480

P. O. Address Fredericktown

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 embalmed by a STUDENT; he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.