

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27748

L. D. Greene M.D.
FILED AUG 25 1949
BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. B022 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond (Rural) Richmond		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond (Rural) Richmond	
c. LENGTH OF STAY (in this place) 70 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles NE of Richmond		d. STREET ADDRESS (If rural, give location) 4 miles NE of Richmond	

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) THOMPSON c. (Last) MASON			4. DATE OF DEATH (Month) (Day) (Year) Aug. 5, 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) Married	8. DATE OF BIRTH October 27, 1878	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 9 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Dockery, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David R. Thompson	13b. MOTHER'S MAIDEN NAME Mary J. Beckett	14. NAME OF HUSBAND OR WIFE Byron O. Mason
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Margaret Mason-Richmond	ADDRESS Richmond, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multile Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 4 yrs 4 yr. 34 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General sclerosis,		
	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	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <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 Apr 1944 1919 to Aug 5, 1949, that I last saw the deceased alive on 10 and that death occurred at 7:00a m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Richmond, Mo	23c. DATE SIGNED 9-8-49
-----------------------------------	-------------------	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 7, 1949	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Richmond, Missouri
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. Aug 9, 1949	REGISTRAR'S SIGNATURE Mabel Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Thurman Funeral Home	ADDRESS Richmond, Missouri
---	--	--	-----------------------------------

(Licensed Embelmer's Statement on Reverse Side)

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

No. 300
10-28
8000

RECEIVED AUG 16

District Health Officer No. 8

District File Number _____

Date Filed 8-24-49

NOV 22 1949

JAN 5 1950

NOV 11 1950

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, W.C. [unclear]

Student Embalmer No. _____

working under my personal supervision.

Signed William L. Thurman

Signed _____
Student Embalmer

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.