

FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20632

BIRTH NO. _____		REG. DIST. NO. 298		PRIMARY REG. DIST. NO. 4448		Registrar's No. 16			
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Lawson</u>		c. LENGTH OF STAY (In this place) <u>6 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lawson</u>		d. STREET ADDRESS (If rural, give location) <u>Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lawson, Missouri</u>				d. STREET ADDRESS (If rural, give location) <u>Missouri</u>					
3. NAME OF DECEASED (Type or Print) <u>Ruth</u>			a. (First)		b. (Middle)		c. (Last) <u>MOSS</u>		
4. DATE OF DEATH <u>JUNE 4 1949</u>		(Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Feb 22-1898</u>		9. AGE (In years last birthday) <u>51</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Liberty, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Edward J. Brining</u>			13b. MOTHER'S MAIDEN NAME <u>Bessie Brown</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R.C. Brining</u>		ADDRESS <u>Liberty, Mo</u>			
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Hemiplegia</u>				DUPLICATE OF (b) <u>Essential Hypertension</u>				4 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE OF (c) <u>Arteriosclerosis of arteries to left kidney</u>				DUPLICATE OF (c) <u>Arteriosclerosis of arteries to left kidney</u>				10 year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								444X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>Lawson Ray Mo</u>					
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? _____					
22. I hereby certify that I attended the deceased from <u>June 4, 1949</u> , to <u>June 7, 1949</u> that I last saw the deceased alive on <u>June 4, 1949</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Detrus E. Buecher MD</u>				23b. ADDRESS <u>Lawson Mo.</u>		23c. DATE SIGNED <u>June 7, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 7-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lawson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lawson Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 1, 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Raymond Groves Jarman</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Richard Lawson</u>		ADDRESS <u>Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

RECEIVED  
AUG 30 1961

District Health Officer No. 8,

District File Number \_\_\_\_\_  
Date Filed 6-27-49

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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.

Signed E. C. White

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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