

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **3717**

FILED FEB 9 1954

BIRTH NO. _____ REG. DIST. NO. **353** PRIMARY REG. DIST. NO. **6196** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Texas 1070		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE Mo b. COUNTY Texas	
b. CITY OR TOWN Russell Shores		c. CITY OR TOWN 1070	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 3 1/2 Mi E of Licking Mo	

3. NAME OF DECEASED (Type or Print)
 a. (First) **ANNIE** b. (Middle) **M.** c. (Last) **DEASON** DATE OF DEATH (Month) (Day) (Year) **Jan 29 1954**

5. SEX **F** 6. COLOR OR RACE **w** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed** 8. DATE OF BIRTH **Sept 7, 1868** 9. AGE (in years last birthday) **85** 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) **Housework** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Licking Mo** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **W. C. Ray** 13b. MOTHER'S MAIDEN NAME **Elizabeth Light. Deason** 14. NAME OF HUSBAND OR WIFE **Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year for dates of service) **No** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **E. W. Deason Licking 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **pulmonary & cardiac arrest** INTERVAL BETWEEN ONSET AND DEATH **1 year**

ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **cerebro-vascular accident**
 DUE TO (c) **arteriosclerosis & hypertension**

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
senility

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) **331X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 **Jan 25, 1954**, to **Jan 29, 1954**, that I last saw the deceased alive on **Jan 25, 1954**, and that death occurred at **2:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **B. J. Myers** (Degree or title) **D.O.** 23b. ADDRESS **Box 225 Licking, Mo.** 23c. DATE SIGNED **2-4-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **Feb 1, 54** 24c. NAME OF CEMETERY OR CREMATORY **Ray Cem.** 24d. LOCATION (City, town, or county) (State) **Texas Mo**

DATE REC'D BY LOCAL REG. **Feb. 4, 1954** REGISTRAR'S SIGNATURE **Elvora Nessel** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Smith & Ferguson Licking Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Embert E. Ferguson*

Licensed Embalmer No. *39*

P. O. Address *Lick*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.