

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY (If outside corporate limits, write RURAL and give township) OR Brunswick
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Chariton
c. CITY OR TOWN Brunswick d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED (First) (Middle) (Last)
OREN EARICKSON CASON
4. DATE OF DEATH (Month) (Day) (Year)
Feb 22, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed 8. DATE OF BIRTH July 8, 1901 9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)
Truck Driver 10b. KIND OF BUSINESS OR INDUSTRY Kansas City Power 11. BIRTHPLACE (City and State; Foreign Country)
Glasgow Missouri 12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13a. FATHER'S NAME B. Cason 13b. MOTHER'S MAIDEN NAME Mattie C. Earickson 13c. NAME OF HUSBAND OR WIFE
Odell Maurin Cason (dec.)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, unknown) (If yes, give war or dates of service)
No 16. SOCIAL SECURITY NO. Not available 17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Harry Grady Glasgow 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
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 20. AUTOPSY?
4201 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)
Brunswick Mo.

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 9/17, 1952, to 9/17, 1952, that I last saw the deceased alive on 9/17, 1952, and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. H. Stueg 56 M. D. 23b. ADDRESS Brunswick 23c. DATE SIGNED 2/25/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 25, 1955 24c. NAME OF CEMETERY OR CREMATORY Washington 24d. LOCATION (City, town, or county) (State)
Glasgow Mo.

DATE REC'D BY LOCAL REG. 2-25-55 REGISTRAR'S SIGNATURE Richard Brown FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Cluddy-Friemonth Glasgow, Mo.

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

