FILED APR 19 1949

No. 300
10.46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14528

BIRTH NO. ______ REG. DIST. NO. 3242 PRIMARY REG. DIST. NO. 6082 Registrar's No. 77

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Arrow Rock, Twp.
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 miles N.E. Napton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Arrow Rock township
d. STREET ADDRESS (If rural, give location): 4 miles N.E. Napton

3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) ~~Ella~~ Ella Johnson c. (Last) West

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1949.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White	Married	February 6, 1891.	58	2	7	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Huusekeeper	Home	Saline county, Mo.	U.S.A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Charles L. Johnson	Carry Gibson	Wm. Nelson West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME / ADDRESS
No		None	Wm. Nelson West, Napton, Mo. R.#1.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by drowning in

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cistern at her home
DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH

E9757

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Her home
21c. (CITY, TOWN, OR TOWNSHIP): Arrow Rock Twp. (COUNTY): Saline (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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~~* investigated the death 4-13, 1949, *that I last saw the deceased alive on ______, 19___, and that death occurred at* 3 30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Lawless Coroner Saline Co.
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 4-13-49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 15, 49.	Arrow Rock cemetery	Arrow Rock, Mo.

DATE REC'D BY LOCAL REG.: April 14-1949
REGISTRAR'S SIGNATURE: Sidney T. Gray 385
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Campbell-Lewis, Marshall-Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-18-49

APR 22 1949

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 .....
Student Embalmer

Signed R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.