

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29499

State File No.

14
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | | | |
|---|--|--|---|--|--------------------------|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>47</u> | | PRIMARY REG. DIST. NO. <u>5172</u> | | Registrar's No. <u>336</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL, and give OR TOWN <u>Rural Shamrock</u>) | | c. LENGTH OF STAY (In this place) <u>2 Years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Shamrock</u> | | <u>14</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>none</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> | | | b. (Middle) <u>Lye</u> | | c. (Last) <u>Johnson</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-26-49</u> | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>11-20-1941</u> | | 9. AGE (In years last birthday) <u>7-10-6</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>New Florence Mo</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Rolla Johnson</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Louis Overstreet</u> | | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Rolla Johnson</u> | | | | ADDRESS <u>Wellsville 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medical Certification</u> <u>Wife shot wound through chest</u> <u>Evidently was playing instant with gun</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Two small children, evidently playing with gun</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>almost</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT (Specify) <u>gun shot</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Shamrock Twp, Callaway, Mo</u> | | 21d. TIME OF INJURY <u>Sept. 26 1949 4:30 p.m.</u> | | | |
| 21d. TIME OF INJURY | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>bullet passed through chest from right side, lodged upper part of right collar bone, no other injury</u> | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, and that death occurred at _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>M. Barrett</u> (Degree or title) <u>Coroner</u> | | | | 23b. ADDRESS <u>Wellton Mo.</u> | | | | 23c. DATE SIGNED <u>9/27/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-28-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New Florence Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>New Florence Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Sept 28-1949</u> | | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | | 426 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. W. HOPKINS</u> | | ADDRESS <u>MONTGOMERY CITY MO.</u> | |

District File Number

District Health Officer No. 9,

RECEIVED
OCT 4 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, XX on the 2
day of Sept 1949

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

C. W. Hopkins

Signed

C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.