

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36793**

BIRTH NO. _____		REG. DIST. NO. <u>104</u>		PRIMARY REG. DIST. NO. <u>4176</u>		Registrar's No. <u>44</u>			
1. PLACE OF DEATH a. COUNTY DUNKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution, give name and address before admission). a. STATE MO.				b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MALDEN		c. LENGTH OF STAY (In this place) 2 YR		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MALDEN		3			
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE				d. STREET ADDRESS (If rural, give location) 306 SOUTH DOUGLIS				1 0	
3. NAME OF DECEASED (Type or Print) a. (First) NANCY			b. (Middle) ESTELLA			c. (Last) JOHNSON			
4. DATE OF DEATH		(Month) NOV.		(Day) 21		(Year) 1949			
5. SEX F	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MARCH 28, 1865		9. AGE (In years last birthday) 84			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING		11. BIRTHPLACE (State or foreign country) ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME BILL HAMPTON			13b. MOTHER'S MAIDEN NAME PATSY STAPLE			14. NAME OF HUSBAND OR WIFE DECEASED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Stomach & Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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? YES <input type="checkbox"/> NO <input 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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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>Nov 10</u> , 19 <u>49</u> , to <u>Nov 21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 21</u> , 19 <u>49</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. D. Schuman</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Malden</u>		23c. DATE SIGNED <u>Nov 27 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 27, 49		24c. NAME OF CEMETERY OR CREMATORY WABEASEKA ARK.		24d. LOCATION (City, town, or county) (State) WABEASEKA ARK.			
DATE REC'D BY LOCAL REG. <u>Nov 25, 1949</u>		REGISTRAR'S SIGNATURE <u>J. D. Schuman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wattson Funeral Service Malden Mo</u> ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-4835
3
1

RECEIVED NOV 28 1944
District Health Office No. 2
District Est. No. 1149-12
Date Filed: _____

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 Walter Marsh Watkins

Signed _____
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.