

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38349

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 251

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) b. STATE <u>MO</u> b. COUNTY <u>RANDOLPH</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOBERLY</u> / <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOBERLY</u> / <u>60</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2</u> yrs.		d. STREET ADDRESS (If rural, give location) <u>919 S. 5<sup>th</sup> W</u> / <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>919 S 5 W</u>			

3. NAME OF DECEASED (Type or Print) <u>LIABIE Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1949</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>FEMALE</u>	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 11, 1895</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>HAADLEY</u>	13b. MOTHER'S MAIDEN NAME <u>JETTILL</u>	14. NAME OF HUSBAND OR WIFE <u>JUNIA DANFORD</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>NANNIE HAYTIS</u>	ADDRESS <u>919 S. 5<sup>th</sup> W</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CANCER of stomach</u>		
	ANTECEDENT CAUSES Morbidity 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. <u>Hypertension</u>		<u>151X</u> <u>D.K.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct 3, 1949, to Nov 20, 1949, that I last saw the deceased alive on Nov 20, 1949, and that death occurred at 4 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Dreyer MD</u>	23b. ADDRESS <u>Huntsville Mo</u>	23c. DATE SIGNED <u>11/22/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAKLAND</u>	24d. LOCATION (City, town, or county) (State) <u>MOBERLY MO.</u>
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DATE REC'D BY LOCAL REG. <u>11-24-49</u>	REGISTRAR'S SIGNATURE <u>Robert L. Carr</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert L. Carr</u>	ADDRESS <u>305 BEDFORD ST.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

88  
6  
3

DEC 7 1949

6707

RECEIVED  
DEC 5 1949  
District Health Officer No. 10  
District File Number 12-49-30  
Date Filed DEC 5 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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Robert L. Carr*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

3190

P. O. Address.....

*Merely 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.