

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1009

State File No.

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>IRON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRONTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Silvermines</u> <u>0620</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's of the Ozarks</u>			

3. NAME OF DECEASED a. (First) <u>ALLA</u> b. (Middle) _____ c. (Last) <u>JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 8, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	
8. DATE OF BIRTH <u>Nov. 29, 1897</u>		9. AGE (In years last birthday) <u>52</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	

13a. FATHER'S NAME <u>ISAAC Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Fenton</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Johnson, Fredericktown, 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, assthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute leukemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>	
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.				<u>2044</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 Nov. 20, 1949, to 1-8, 1950, that I last saw the deceased alive on 1-8, 1950, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ben W. Bull</u> (Degree or title) <u>D. M. D.</u>		23b. ADDRESS <u>Ironton, Mo.</u>		23c. DATE SIGNED <u>1-10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Silvermines</u>	
				24d. LOCATION (City, town, or county) (State) <u>Silvermines, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Jan 26, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ann Jones</u> <u>128</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Lugin Jr., Fredericktown, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0470
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RECEIVED

JAN 30 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-141

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

Sam Sajin, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.