

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17044**

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>202</u>				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		<u>0484</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>220 S. Pleasant</u>				<u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u>			b. (Middle) <u>L</u>		c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1950</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>May 18, 1873</u>		9. AGE (in years) (Month) (Day) (Hour) (Min.) <u>77</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>Self employed</u>		11. BIRTHPLACE (State or foreign country) <u>Odessa, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Hensley Lale</u>			13b. MOTHER'S MAIDEN NAME <u>Sallie Hutchinson</u>			14. NAME OF HUSBAND OR WIFE <u>Walter J. Johnson (deceased)</u>				
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>W. J. Surber; Independence, Mo.</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanotic Carcinoma of liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>not known</u> *This does not mean the mode of dying, such as heart failure, asphyxia, 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) <u>Carcinoma of gall bladder</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1.555X</u>										
19a. DATE OF OPERATION <u>May 16, 1950</u>			19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of gall bladder &amp; liver</u>						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) (Min.)		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>April 9, 1950</u> , to <u>May 19, 1950</u> , that I last saw the deceased alive on <u>May 19, 1950</u> , and that death occurred at <u>4:28Pm.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Charles Heston Jr. M.D.</u>				23b. ADDRESS <u>Independence Mo</u>				23c. DATE SIGNED <u>5-20-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/21/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Odessa, Mo</u>				
DATE REC'D BY LOCAL REG. <u>May 20-1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		354		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Carson Independence, Mo.</u>				

(Licensed Embalmers' Statement on Reverse Side)

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

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**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 Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.