

FILED MAY 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 17756

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana 0821	
c. LENGTH OF STAY (to this place) 7 weeks		d. STREET ADDRESS (If rural, give location) 618 Virginia 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Alice	b. (Middle) Marie	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) May 5, 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 4, 1916	9. AGE (In years last birthday) 33	# UNDER 1 YEAR Months 8	YEAR I	# UNDER 1 MIN. Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Louisiana, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Curtis Lynn	13b. MOTHER'S MAIDEN NAME Vivian Edwards	14. NAME OF HUSBAND OR WIFE Mathias Johnson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mathias Johnson, Louisiana, Mo.	ADDRESS Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 585X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hepatitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cholecystitis 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 3-10-50	19b. MAJOR FINDINGS OF OPERATION hepatitis, Chronic Cholecystitis, cholecystitis	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) _____	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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I hereby certify that I attended the deceased from **3-3, 1950, to 5-5, 1950**, that I last saw the deceased **alive on 5-5, 1950**, and that death occurred at **1:35 PM**, from the causes and on the date stated above.

22a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Louisiana, Mo.	23c. DATE SIGNED 5-6-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 5/7/50	24c. NAME OF CEMETERY OR CREMATORY Riverview	24d. LOCATION (City, town, or county) (State) Louisiana, Mo.
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DATE REC'D BY LOCAL REG. May 6, 1950	REGISTRAR'S SIGNATURE Bernice Collier 374	25. FUNERAL DIRECTOR'S SIGNATURE George O. Wagner	ADDRESS Louisiana, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

820

RECEIVED

MAY 15 195

District Health Officer No. 1

District File Number 5-28-8

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~~

..... working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *George O. Wagner*
Licensed Embalmer No. 3773

P. O. Address *Louisiana, 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.