

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24041**

No. 300
10
644

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 274

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Elizabeth Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1020</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Docie</u> b. (Middle) <u>Clara</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-30-1950</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>Aug 21-1862</u>	9. AGE (In years last birthday) <u>87</u>	# UNDER 1 YEAR Months <u>11</u> Days <u>8</u>	# UNDER 6 MRS. Hours <u>1</u> Min. <u>1</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>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>

13a. FATHER'S NAME <u>Don't know</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>		14. NAME OF HUSBAND OR WIFE <u>E. 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>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Luloria Luise Hannibal</u> ADDRESS <u>Hannibal</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u>				<p>Interval between onset and death: <u>11</u> hours <u>8</u> minutes</p>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</u> DUE TO (c) <u>Myocarditis</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Pinning hip</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		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? <u>Accident due to fall</u>	
-------------------------------------------------	--	--------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------	--

22. I hereby certify that I attended the deceased from 7-1-1950, to 7-30-1950, that I last saw the deceased alive on 7-30-1950, and that death occurred at 2:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>1001 Pkwy Hannibal</u>		23c. DATE SIGNED <u>7/31/50</u>	
--------------------------------------------------------------	--	----------------------------------------	--	---------------------------------	--

24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>8/2/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Church Cem Hannibal</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
----------------------------------------------------------	--	-------------------------	--	-----------------------------------------------------------------------	--	---------------------------------------------------------	--

DATE REC'D BY LOCAL REG. <u>8/2/50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Hannibal</u>	
----------------------------------------	--	------------------------------------------	--	-------------------------------------------------	--	-------------------------	--

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

RECEIVED AUG 10 1950
MARION CO. HEALTH DEPT.
DATE FILED AUG 10 1950

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.

Student
Student Embalmer

Signed

Paul E. Hayes

Licensed Embalmer No.

4461

P. O. Address

Shelbina, 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.