

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37379

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5370</u>		Registrar's No. <u>420</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) <u>Sibley, Ft. Osage</u>		c. LENGTH OF STAY (In this place) <u>6 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sibley, rural Ft. Osage</u> <u>0480</u>		d. STREET ADDRESS (If rural, give location) <u>near Sibley</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home near Sibley, Mo</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bess</u>		b. (Middle) <u>Edna</u>		c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 28, 1897</u>	
9. AGE (In years last birthday) <u>53</u>		10. 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>Pink Hill, Missouri</u>	
13a. FATHER'S NAME <u>John Brown Irvin</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Lorraine Waddle</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Johnson</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>Samuel Johnson, Husband Sibley</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic pharyngitis leading to meningitis with cerebral metastasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</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>146X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>See above</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) m.		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>June 24, 1950</u> , to <u>Sept 21, 1950</u> , that I last saw the deceased alive on <u>Sept 21, 1950</u> , and that death occurred at <u>8:47A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Johnson</u>				23b. ADDRESS <u>1111 Bond Bldg</u>		23c. DATE SIGNED <u>10/27/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct. 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sibley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sibley, Ft Osage, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 29, 1950</u>		REGISTRAR'S SIGNATURE <u>James A. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>V. M. ... Buckner, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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. *in man*
working under my personal supervision.

Student *Curtis Lutman*
Student Embalmer

Signed *V. M. Reppert*

Licensed Embalmer No. *4311*

P. O. Address *Buckner*

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.