

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5543

FILED FEB 19 1951
C. V. Miller

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY Demarest
b. CITY OR TOWN Canthersville
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived at institution; residence before admission)
a. STATE Missouri
b. COUNTY Demarest
c. CITY OR TOWN Canthersville 0782
d. STREET ADDRESS (If rural, give location) 708 Walker

3. NAME OF DECEASED (Type or Print)
a. (First) Della
b. (Middle) Johnson
c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) 1-28-51

5. SEX F
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH abt 69
9. AGE (In years) (If under 1 year, last birth date) (If under 24 hrs., Months) (Days) (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Hunterville Ala
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Marg Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Marg Johnson ADDRESS C-Ville Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labor Pneumonia
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) none
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Heart trouble
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES NO

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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? no injury

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. B. Luten - MD (Degree or title) 23b. ADDRESS Canthersville 23c. DATE SIGNED 2-5-51

24a. BURIAL, CREMATION, OR REMOVAL (Specify) buried
24b. DATE 1
24c. NAME OF CEMETERY OR CREMATORY Smiths
24d. LOCATION (City, town, or county) (State) Canthersville Mo

DATE REC'D BY LOCAL REG. 2-12-1951 REGISTRAR'S SIGNATURE Fred B. Miller 25. FUNERAL DIRECTOR'S SIGNATURE German and Co State Mo ADDRESS _____
(Licensed Embalmer's Statement on Reverse Side)

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

0782

2-51-58

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

FEB 17 REC'D

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

John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.