

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5701

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>6007</u>		Registrar's No. <u>57</u>		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Jackson Twp.</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Jackson Township</u>		U 880		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jacksonville; R.R.#2</u>				d. STREET ADDRESS (If rural, give location) <u>Jacksonville; R.R.#2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>Kate</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1951</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>12-16-1871</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HS. Hours Min.	
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>home</u>		11. BIRTHPLACE (State or foreign country) <u>Randolph County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>William Swetnam</u>			13b. MOTHER'S MAIDEN NAME <u>Hannah Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Francis A. Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Orb Brown; Jacksonville, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease</u> ANTECEDENT CAUSES Morbid 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. _____					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>4214</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>19 Feb.</u> , 19 <u>51</u> , to <u>20 Feb.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>20 Feb.</u> , 19 <u>51</u> , and that death occurred at <u>1:30A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Donald E Eggleston MD</u>				23b. ADDRESS <u>Marion, Mo.</u>		23c. DATE SIGNED <u>28 Feb 51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-22-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-26-51</u>		REGISTRAR'S SIGNATURE <u>Leah Wreese</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u>		ADDRESS <u>Huntsville, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

880
Returned for signature before filing
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



Date Received: MAR 5 1951
 DISTRICT HEALTH OFFICE #2
 District File Number S-51-49
 Date Filed: MAR 6 1951

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 B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.