

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19481**
Registrar's No. **697**

FILED JUL 9 - 1951

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 697	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph)		c. LENGTH OF STAY (In this place) 30 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		8117	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				d. STREET ADDRESS (If rural, give location) 3518 Mitchell Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Mabel		b. (Middle) Overfield		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) June 27, 1951.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 7, 1888	
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Fairview, Kansas.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Overfield			13b. MOTHER'S MAIDEN NAME Fanny George		14. NAME OF HUSBAND OR WIFE W.L.E. Johnson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.L.E. Johnson St. Joseph, Mo.			
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) Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Carcinoma of liver primary DUE TO (c) Gangrene left lower extremity				INTERVAL BETWEEN ONSET AND DEATH ? 2 weeks	
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION 5-8-51		19b. MAJOR FINDINGS OF OPERATION Carcinoma of liver				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) (Min.)		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 April 7, 1951 , to June 27, 1951 , that I last saw the deceased alive on June 27, 1951 , and that death occurred at 5:40P m. , from the causes and on the date stated above.							
23a. SIGNATURE L.C. Senior, M.D. (Degree or title)				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 6-28-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 29, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Hiawatha, Kansas.	
DATE REC'D BY LOCAL REG July 5, 1951		REGISTRAR'S SIGNATURE Carl E. Casler		25. FUNERAL DIRECTOR'S SIGNATURE Walter Henschel, Jr.		ADDRESS St. Joseph, Mo.	

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

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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

Raymond A. Merhead
Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Missouri.

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.