

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22134**

FILED JUL 16 1951

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **731**

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 township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 918 S. 18th St.		d. STREET ADDRESS (If rural, give location) 918 S. 18th St.	

3. NAME OF DECEASED (Type or Print) a. (First) Laura	b. (Middle) M.	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) July 9, 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH August 26, 1872	9. AGE (In years last birthday) Months Days 78	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk.	10b. KIND OF BUSINESS OR INDUSTRY unk.	11. BIRTHPLACE (State or foreign country) Thayer, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Nathan Burgess	13b. MOTHER'S MAIDEN NAME Nancy Kummer	14. NAME OF HUSBAND OR WIFE F. G. Johnson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unk.	17. INFORMANT'S SIGNATURE OR NAME Mr. Earl Johnson	ADDRESS 3008 Miller, St. Joseph, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomas Intestines Stomach		7 Months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) Primary Liver		7 Months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 155X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **8 Jan**, 1951, to **July 9**, 1951, that I last saw the deceased alive on **4 July**, 1951, and that death occurred at **9:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. W. Craig	(Degree or title) M.D.	23b. ADDRESS ST. JOSEPH, MISSOURI 520 FRANCIS ST.	23c. DATE SIGNED 9 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/10/1951	24c. NAME OF CEMETERY OR CREMATORY Sheridan Cemetery	24d. LOCATION (City, town, or county) (State) Sheridan Missouri
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DATE REC'D BY LOCAL REG. July 12, 1951	REGISTRAR'S SIGNATURE Carl C. Castle	446	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home - St. Joseph, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Rev. James 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 _____

Eugene Wood

Licensed Embalmer No. *3827*

P. O. Address *319 So 10th St. Joseph*

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.