

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23447

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 5578 Registrar's No. 117

196

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural/Atlas Jo. P. N. Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Atlas 0490	
c. LENGTH OF STAY (in this place) 6 months		d. STREET ADDRESS (If rural, give location) Rt # 4 Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Atlas Community			

3. NAME OF DECEASED a. (First) LAURA b. (Middle) CHARLENE c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) July 16, 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 15, 1913	9. AGE (In years last birthday) 37	10. UNDER 1 YEAR 11	11. UNDER 1 WEEK 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Styleist		10b. KIND OF BUSINESS OR INDUSTRY Saleswoman		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J.C. Britten	13b. MOTHER'S MAIDEN NAME Ethel Setser	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME Ethel Setser Britten	ADDRESS Rt 4, Carthage
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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  48 hrs  UNK.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Hemorrhage into Sigmoid Colon		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (b) CARCINOMA OF LEFT Ovary		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 175X	20. AUTOPSY? YES <input checked="" 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)
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 JAN 10, 1951, to JUL 16, 1951, that I last saw the deceased alive on JULY 16, 1951, and that death occurred at 1030 P. M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Frisco Bldg Joplin Mo	23c. DATE SIGNED 9/17/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 18, 1951	24c. NAME OF CEMETERY OR CREMATORY Sterling Cemetery	24d. LOCATION (City, town, or county) (State) Rt 4 Carthage; Mo (Atlas)
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DATE REC'D BY LOCAL REG. July 17-51	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Missouri
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RECEIVED 7-24-51  
Jasper County Health Office

County File Number 51/7/589  
Date Filed 7-24-51

REC 1632

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Leonard J. Lewis

Licensed Embalmer No. 4561

P. O. Address Wabbe City, 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.