

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27827**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **150**

1. PLACE OF DEATH a. COUNTY Helms 0812		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY OR TOWN Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montauk 0330	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) None 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Helms County Memorial			

3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) _____ c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) Sept. 2 - 1951		
---	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 4, 1908		9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 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) Romania 6		12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	---	--	--	--

13a. FATHER'S NAME Flora Sveulvegan	13b. MOTHER'S MAIDEN NAME Sophia Ruzga	14. NAME OF HUSBAND OR WIFE Alvin F. Johnson		
--	---	---	--	--

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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alvin F. Johnson Montauk, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid			INTERVAL BETWEEN ONSET AND DEATH 3 mo.
	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. none			

19a. DATE OF OPERATION 8-27-51	19b. MAJOR FINDINGS OF OPERATION ca of sigmoid		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) 153x		
--	--	---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 **8-27, 1951**, to **9-2, 1951**, that I last saw the deceased alive on **9-2, 1951**, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. E. Feind M.D.		23b. ADDRESS Rolla mo	23c. DATE SIGNED 9-2-51
--	--	------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 2, 1951	24c. NAME OF CEMETERY OR CREMATORY Antonia Cemetery	24d. LOCATION (City, town, or county) (State) Antonia, Mo.
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. Sept. 2, 1951	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Null Rolla, Mo.		
---	--	---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

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 Paul E. Mull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.