

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40796

State File No.

FILED DEC 17 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5125 Registrar's No. 1261

1. PLACE OF DEATH a. COUNTY Buchanan <u>1110</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Center		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Center <u>0115</u>	
c. LENGTH OF STAY (In this place) 3 years		d. STREET ADDRESS (If rural, give location) R.F.D. # 1, Halls, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, RFD #1, Halls, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) JESS	b. (Middle) WASHINGTON	c. (Last) JOHNSON	4. DATE OF DEATH (Month) (Day) (Year)
				12 4 1951

5. SEX Male <u>D</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <u>7</u>	8. DATE OF BIRTH 10-13-1888	9. AGE (In years (long birthday) 68	# UNDER 1 YEAR Months	# UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during past 5 years, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY MOP R.R.	11. BIRTHPLACE (State or foreign country) Camden Point, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Richard Johnson	13b. MOTHER'S MAIDEN NAME Antha Goodin	14. NAME OF HUSBAND OR WIFE Martha 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. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha Johnson, R.F.D. # 1, Halls,
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of gall bladder and liver</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emaciation Ascites</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>155X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 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 Sept 23, 1957 to Oct 4, 1957, that I last saw the deceased alive on Dec 2, 1951, and that death occurred at 2:05P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Grant M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Joseph, Mo</u>	23c. DATE SIGNED <u>12/6/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-7-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 14, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Crow</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Repp</u> ADDRESS <u>St. Joseph, Mo.</u>
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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.

Signed.....
Student Embalmer

Signed

Student Embalmer No. _____

Licensed Embalmer No. 9986

P. O. Address A. Joseph, Jr.

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.