

DEC 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41286

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1081

396

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) Springfield | | c. CITY (If outside corporate limits, write RURAL and give township) Springfield | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) 1312 Cherry | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital | | | |

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|--|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) EVA b. (Middle) _____ c. (Last) JOHNSON | | | 4. DATE OF DEATH (Month) (Day) (Year) 12-21 51 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Oct. 17, 1881 | | 9. AGE (In years last birthday) 70 | | 10. CITIZEN OF WHAT COUNTRY? USA | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY In Home | | 11. BIRTHPLACE (State or foreign country) Ill! | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Fred J. Johnson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Millard Rossean Spfld. Mo. | |
| 15. (If yes, give war or dates of service) NO | | | | ADDRESS | |

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|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach | | ANTECEDENT CAUSES | | DUE TO (b) _____ | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) _____ | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION About 6 weeks ago | | 19b. MAJOR FINDINGS OF OPERATION operation performed in Kansas City, advanced carcinoma stomach | | 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 151X | |

22. I hereby certify that I attended the deceased from **1 Dec**, 1951, to **21 Dec**, 1951, that I last saw the deceased alive on **20 Dec**, 1951, and that death occurred at **1:10A m.**, from the causes and on the date stated above.

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|--|--|---------------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title) Horace A. R. Rouse, M.D. | | 23b. ADDRESS Medical Arts Bldg | | 23c. DATE SIGNED 22 Dec 51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12-26-51 | | 24c. NAME OF CEMETERY OR CREMATORY Flora Hills Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Kansas City Missouri | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. 12-22-51 | | REGISTRAR'S SIGNATURE Edith Williams Registrar | | 25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co Spfld. Mo. | |
| | | | | ADDRESS | |

STATEMENT BY LICENSED EMBALMER

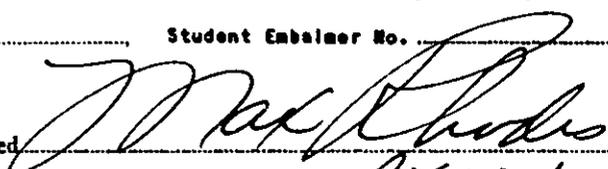
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

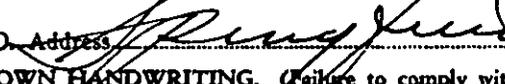
Signed



Licensed Embalmer No. _____

P. O. Address _____

4071



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.