

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1952

State File No. 137

BIRTH NO. _____		REG. DIST. NO. <u>198</u>		PRIMARY REG. DIST. NO. <u>4311</u>		Registrar's No. <u>137</u>		
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao</u>		0610 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>Caroline</u> c. (Last) <u>SWEATMAN JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-7-52</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-10-1860</u>	9. AGE (In years last birthday) <u>91</u>	10. MONTHS <u>10</u>	11. DAYS <u>21</u>	12. HRS. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Randolph County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Thomas Pickens</u>		13b. MOTHER'S MAIDEN NAME <u>Pucorda Sweatman</u>		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carolyn Maupin St. Madison St.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Vascular Accident</u> DUE TO (c) <u>Cardiovascular Renal Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Secondary Anemia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u> " " <u>1 yr.</u> <u>several years.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442x</u>					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) (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 <u>1940</u> to <u>2-6-1952</u> , that I last saw the deceased alive on <u>2-6-1952</u> , and that death occurred at <u>4:45 PM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>A. L. Rusk</u>				23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>2/8/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-9-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Callao City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Callao Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-13-52</u>		REGISTRAR'S SIGNATURE <u>Josephine King</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Edwards</u>		ADDRESS <u>St. Louis Mo</u>		

RECEIVED 3.19.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 3.52.44
Date Filed 3.13.52

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 James W. Davis
Licensed Embalmer No. 4478

P. O. Address Bevier, Miss

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.