

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

7342

State File No. ....

S. No. 300  
v. 10.48

**FILED APR 15 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 94

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Boone</u>		a. STATE <u>MO</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanford Convalescent Home</u>		<u>301 N 5<sup>th</sup> St 0</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>Florence</u>			April 5 <sup>th</sup> 1952		
b. (Middle)			c. (Last) <u>Johnson</u>		
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>Negro</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>widowed</u>	
<b>8. DATE OF BIRTH</b> <u>Feb. 1904</u>		<b>9. AGE</b> (In years last birthday) <u>48</u>		IF UNDER 1 YEAR: Months _____ Days _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Labor</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Callaway Co Mo</u>	
				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A</u>	

<b>13a. FATHER'S NAME</b> <u>Ruben Jacobs</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ebbie Jacobs</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>John Johnson</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>496-121429</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Edward West</u>	
				<b>ADDRESS</b> <u>206 N North</u>	

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinoma of Cervix</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				<u>171K</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** Nov., 1962 to Apr 5, 1952, that I last saw the deceased alive on Apr 5, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>LeRoy J. Miller M.D.</u>		<b>23b. ADDRESS</b> <u>Truett Bldg Columbia</u>		<b>23c. DATE SIGNED</b> <u>5 Apr 52</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>April 6 52</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Stephens Cemetery</u>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <u>Boone Co. Mo</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>April 5 1952</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Mrs R.E. Palmer</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>A. C. Freeman</u>	
				<b>ADDRESS</b> <u>Columbia Mo.</u>	

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 me

working under my personal supervision.

Student Embalmer No.....

Signed A. C. Freeman

Signed.....  
Student Embalmer

Licensed Embalmer No. 2837-

P. O. Address Columbia 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.