

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5949

1. PLACE OF DEATH  
a. COUNTY Pike  
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Cuivert  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION Near Vera Mo

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).  
a. STATE Missouri b. COUNTY Pike  
c. CITY (If outside corporate limits, write RURAL and give township) Rural 0820  
d. STREET ADDRESS (If rural, give location) Near Vera Mo.

3. NAME OF DECEASED (Type or Print)  
a. (First) Mary b. (Middle) Dolores c. (Last) Johnson  
4. DATE OF DEATH (Month) (Day) (Year) 3-6-1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 12-2-1908  
9. AGE (In years last birthday) 43 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) wife 10b. KIND OF BUSINESS OR INDUSTRY Care of home 11. BIRTHPLACE (State or foreign country) Hannibal Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas A. Fitzpatrick 13b. MOTHER'S MAIDEN NAME May Slaughter 14. NAME OF HUSBAND OR WIFE Sid Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Sid Johnson ADDRESS Bowling Green

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Metastatic Carcinoma  
INTERVAL BETWEEN ONSET AND DEATH 2 YRS.  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
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.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Abdominal metastasis. Colostomy at Ellis Fisher, Columbia, Mo. 1 yr. ago. 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1950 to 3-6-1952, that I last saw the deceased alive on 7-6-1952, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED  
L.R. Johnson Jr MD D Louisville, Mo 3-6-52

24a. BURIAL, CREMATION, OR REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  
Burial 3-9-1952 City Cemetery Bowling Green Mo.

DATE REC'D BY LOCAL REG. 3/26/52 REGISTRAR'S SIGNATURE Bill Robinson 254 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. Elmore - Bowling Green

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

*W. B. Emore*

Signed .....  
Student Embalmer

Licensed Embalmer No.

3466

P. O. Address

*Bowling Green*

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.