

*L. Bartlett*  
FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13744**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **0908** Registrar's No. **26**

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

1. PLACE OF DEATH a. COUNTY <b>Deming</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Deming</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Holland road</b>	c. LENGTH OF STAY (in this place) <b>3 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Holland road 0780</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>Holland rd</b>	

3. NAME OF DECEASED (Type or Print) <b>Ella</b>	a. (First)	b. (Middle) <b>Johnson</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>3-7-52</b>
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5. SEX <b>F</b>	3	6. COLOR OR RACE <b>Cal</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>3-3-1904</b>	9. AGE (In years last birthday) <b>48</b>	10. IF UNDER 1 YEAR Months <b>1</b> Days <b>4</b>	11. IF UNDER 15 HRS. Hour <b>1</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home wife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Crawfords Miss</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Alfred Madison</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Tate</b>	14. NAME OF HUSBAND OR WIFE <b>Fletcher Johnson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Fletcher Johnson</b>	ADDRESS <b>Holland rd</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 hrs.</b> <b>Several years</b> <b>Several years</b> <b>Several years.</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		
	DUE TO (c) <b>Arteriosclerosis</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic alcoholism</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>33IX</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 5, 1952**, to **March 7, 1952**, that I last saw the deceased alive on **March 7, 1952**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert Bartlett</b>	(Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Steele, Mo.</b>	23c. DATE SIGNED <b>10 March 52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>3/8-52</b>	REGISTRAR'S SIGNATURE <b>L. J. Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Johnson &amp; Co</b>	ADDRESS <b>Steele, Mo</b>
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Rec.

MAY 9 1952

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

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 *John H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.