

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17635

FILED MAY 27 1952

BIRTH NO. 31169 REG. DIST. NO. 304 PRIMARY REG. DIST. NO. 4752 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY ST. CHARLES.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WENTZVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WENTZVILLE 0972	
c. LENGTH OF STAY (in this place) 27		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ANN c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) MAY 19 1952		
5. SEX 3	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH MAY 17, 1952	9. AGE (In years last birthday) 0	9. AGE (In years last birthday) Months 2 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) WENTZVILLE, MO. C		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME ISABELLE JOHNSON	14. NAME OF HUSBAND OR WIFE NONE
-----------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ISABELLE JOHNSON, WENTZVILLE	ADDRESS
--	-------------------------------------	---	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANENCEPHALAS.		INTERVAL BETWEEN ONSET AND DEATH 48 HRS.
II. 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 750X	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) (m.)	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 May 17, 1952, to May 19, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 5:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.C. McMuray M.D.	23b. ADDRESS Wentzville, MO	23c. DATE SIGNED 5/20/52
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-20-52	24c. NAME OF CEMETERY OR CREMATORY Homecrest Cemetery Wentzville	24d. LOCATION (City, town, or county) (State) WMO
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. May 23 1952	REGISTRAR'S SIGNATURE Matthew J. Puff	25. FUNERAL DIRECTOR'S SIGNATURE Ed. Pittman	ADDRESS Funeral Home Wentzville MO
---	--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

920
1

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 *Annitta M. Titman*

Licensed Embalmer No. *3055*

P. O. Address *Hertzville*

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.