

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27527
Registrar's No. 203

BIRTH NO. 25 7026 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

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

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CASS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLEVELAND	
c. LENGTH OF STAY (in this place) 1 WEEK		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) WINNIE b. (Middle) JOHNSON c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) AUG 17, 1952
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 9, 1906
9. AGE (In years last birthday) 46		10. MONTHS 2	11. DAYS 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JOHN MC CLAIN EASTMAN		13b. MOTHER'S MAIDEN NAME ISABELLE PARK	14. NAME OF HUSBAND OR WIFE WILLIAM JOHNSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME WILLIAM JOHNSON CLEVELAND, MO.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Abdominal carcinomas ? DUE TO (c) Carcinoma of colon II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION Aug 13-52		19b. MAJOR FINDINGS OF OPERATION Obstruction due to adhesions of Carcinoma	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 153X
22. I hereby certify that I attended the deceased from 8/12/52 to 8/17, 1952 , that I last saw the deceased alive on 8/17, 1952 , and that death occurred at 4:30 AM from the causes and on the date stated above.			
23a. SIGNATURE E. C. Supanaka M.D. (Degree or title)		23b. ADDRESS 503 E. High St. Jeff City, Mo 64105	23c. DATE SIGNED 8-18-52
24a. BURIAL, CREMATION, REMOVAL		24b. DATE AUG. 17, 1952	24c. NAME OF CEMETERY OR CREMATORY PLEASANT VALLEY CEMETERY
24d. LOCATION (City, town, or county) (State) STANLEY KANSAS			
DATE REC'D BY LOCAL REG. Aug 18-1952		REGISTRAR'S SIGNATURE R. P. Norris MD-MR	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle ADDRESS J. C. MO.

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 Josephine Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.