

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34131

State File No. \_\_\_\_\_

RECORDED OCT 28 1952

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>170</u>		
1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. LENGTH OF STAY (in this place) <u>1WK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		<u>0043</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AUDRAIN CO HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>415 N WESTERN</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HADY</u> b. (Middle) <u>ALICE</u> c. (Last) <u>JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 23 - 52</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGERO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 18-1894</u>		
9. AGE (in years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 100 Hrs. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>CALLAWAY CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>WM. CLOVER</u>			13b. MOTHER'S MAIDEN NAME <u>FANNIE PATERSON</u>			14. NAME OF HUSBAND OR WIFE <u>HARMON JOHNSON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HARMON JOHNSON - MEXICO MO</u> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic Liver Myeloma</u>						
		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 _____				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) <u>334X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>10-11-1952</u> to <u>10-23-1952</u> , that I last saw the deceased alive on <u>10-22-1952</u> , and that death occurred at <u>2:45</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Blanche Kelly</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Mexico Mo</u>		23c. DATE SIGNED <u>10-22-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>MEXICO MO</u>		
DATE REC'D BY LOCAL REG. <u>Oct 25-1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Kelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Arnold</u> ADDRESS <u>12, Mexico Mo</u>				

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

0043

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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 Richard Y. McDonald

Licensed Embalmer No. 4825

P. O. Address Merice 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.