

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35851

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

No. 300  
10-48

OCT 22 1952

780

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>H400</u>		Registrar's No. <u>143</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemoscot</u>				2. USUAL RESIDENCE (When deceased lived in institution, residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>PEMOSCOT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bragg City, Mo.</u>		c. LENGTH OF STAY (In this place) <u>4 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bragg City, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bragg City, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle) <u>Kathryn</u>		c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15, 1952</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NO</u>	8. DATE OF BIRTH <u>July 26, 1952</u>		9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR <u>19</u> Months Days	IF UNDER 10 MIN. <u>07:45</u> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>East St. Louis, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Paul L. Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Dovie Jean Sharpe</u>		14. NAME OF HUSBAND OR WIFE <u>XXXXXXXXXXXXXX</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>Dovie Jean Johnson</u> ADDRESS <u>Bragg City, Mo.</u>			
MEDICAL CERTIFICATION							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>undetermined</u>					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, 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) <u>prematurity</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		*Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					
19a. DATE OF OPERATION <u>none</u>		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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		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>10-15</u> , 19 <u>52</u> to <u>1015</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-15</u> , 19 <u>52</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. I. Simpson, MD</u>				23b. ADDRESS <u>Kennett Mo.</u>		23c. DATE SIGNED <u>10-15-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-16-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cem. Kennett</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-18-52</u>		REGISTRAR'S SIGNATURE <u>John H. Gorman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leota Duvree Kennett Mo.</u>		ADDRESS _____	

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

(Licensed Embalmer's Statement on Reverse Side)

10-305-52

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

OCT 20 1952

STATEMENT BY LICENSED EMBALMER

*Not Embalmed*

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 *Edgar Lee Ford*

Licensed Embalmer No. *4433*

P. O. Address *Kennett 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.