

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35897

No. 300  
10.48

800

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

**NOV 12 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5924 Registrar's No. 337

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Pettis Co</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Calhoun Mo</u>	
c. LENGTH OF STAY (to this place) <u>6 mo</u>		d. STREET ADDRESS (If rural give location) <u>RFD # 3, W. Dresden</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD # 3, W. Dresden</u>		e. STREET ADDRESS (If rural give location) <u>RFD # 1, W. Dresden</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Suzanne</u> c. (Last) <u>Johnson</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>11 4 - 52</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>12-14-1877</u>
<b>9. AGE</b> (In years last birthday) <u>80</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Paoli Mo</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>			
<b>13a. FATHER'S NAME</b> <u>Wm Robertson</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ruey Rager</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> _____			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>✓</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Earl Johnson</u>		<b>ADDRESS</b> <u>Calhoun Mo</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
<b>MEDICAL CERTIFICATION</b>			
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Chronic myocarditis</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>10 hours</u>	
<b>ANCECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial degeneration</u>			
DUE TO (c) _____			
<b>II. OTHER SIGNIFICANT CONDITIONS:</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> _____			
<b>22. I hereby certify that I attended the deceased from <u>April 3, 1952</u>, to <u>Mar 4, 1954</u>, that I last saw the deceased alive on <u>Oct 31, 1954</u>, and that death occurred at <u>2:00 p.m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>W. L. Robinson D.O.</u>		<b>23b. ADDRESS</b> <u>1116 W. 3rd Sedalia Mo</u>	
<b>23c. DATE SIGNED</b> <u>11/5/52</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Buried</u>		<b>24b. DATE</b> <u>11-6-52</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Mary's</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Henry Mo</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>11/5/1952</u>		<b>REGISTRAR'S SIGNATURE</b> <u>W. L. Robinson</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Ed. Wilkerson</u>		<b>ADDRESS</b> <u>Clinton</u>	

**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 Fred Wicknesson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.