No. 300
10.48

FILED NOV 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36524

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9762

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hosp., St. Louis,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Canalou, Mo. 0720 1
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): M.
c. (Last): JOHNSON

4. DATE OF DEATH (Month) 10 (Day) 20 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/9/14
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR Months 7 Days 11 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Essex, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Marrion West
13b. MOTHER'S MAIDEN NAME: Lizzie Davis
14. NAME OF HUSBAND OR WIFE: James Riley Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: James Riley Johnson, Canalou, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Failure - Acute Hepatitis + Chronic Liver Damage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Common Bile Duct Stricture + operation for this
DUE TO (c) Cholecystectomy (Apr. 52)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Post-operative hemorrhage - retroperitoneal hematoma
Bile nephrosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 10/7/52
19b. MAJOR FINDINGS OF OPERATION: Absent common bile duct below liver: op. here Choledochoduodenostomy
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 586K

22. *I hereby certify that I attended the deceased from* Sept 22 1952 *to* Oct 20, 1952 *that I last saw the deceased alive on* Oct 20, 1952, *and that death occurred at* 3:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Richard J Sisson (Degree or title) MD
23b. ADDRESS: Jewish Hosp. - St. Louis
23c. DATE SIGNED: 10/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/21/1952
24c. NAME OF CEMETERY OR CREMATORY: Essex Cemetery
24d. LOCATION (City, town, or county) (State): Essex, Mo.

DATE REC'D BY LOCAL REG.: OCT 23 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Harry Jones, Sikeston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed James R. Chapman

Licensed Embalmer No. 4550

P. O. Address St. Louis

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.