

FILED JAN 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2459**

BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5917** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural St. Marys Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural St. Marys Township 0790	
c. LENGTH OF STAY (In this place) 61 Years		d. STREET ADDRESS (If rural, give location) Yount, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Yount, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) Nellie	b. (Middle) May	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year)	January 16, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0	8. DATE OF BIRTH August 21, 1891	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Perry County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Johnson	13b. MOTHER'S MAIDEN NAME Annie Weir	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Alfred Mudge, Yount Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES 48 HX		
	DUE TO (b) Influenza		
	DUE TO (c) Congenital hydrocephalus		
	II. OTHER SIGNIFICANT CONDITIONS a cripple and invalid all her life		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Yount Perry Mo.
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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?
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22. I hereby certify that I attended the deceased from **12-15 1952**, **12-16 1953**, **19**, that I last saw the deceased alive on **1-13 1953**, **19**, and that death occurred at **7:40 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Spott Bailey M.D.	(Degree or title) 0	23b. ADDRESS Perryville, Mo.	23c. DATE SIGNED 1-17-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE January 18, 1953	24c. NAME OF CEMETERY OR CREMATORY Whitewater Christian Cemetery	24d. LOCATION (City, town, or county) (State) Yount Mo.
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DATE REC'D BY LOCAL REG. Jan 17-53	REGISTRAR'S SIGNATURE Spott Bailey	25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey	ADDRESS Perryville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0790
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JAN 2 1940

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 _____

Albert Bey

Licensed Embalmer No. *38660*

P. O. Address *Ferrisville, 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.