

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14279  
2055

FILED MAY 8 1953 BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>LIVINGSTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ludlow</b> <b>0590</b>	
c. LENGTH OF STAY (in this place) <b>21 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>X 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. Luke's Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>Alice</b> c. (Last) <b>Johnson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 16 1953</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR FACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>July 29, 1909</b>
9. AGE (In years last birthday) <b>43</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Napoleon B. Estes</b>		13b. MOTHER'S MAIDEN NAME <b>Florence Gentry</b>	
13c. NAME OF HUSBAND OR WIFE <b>Lawrence Johnson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>—</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. L. Johnson, Ludlow, Mo.</b>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Septic Thrombosis</b> ANTECEDENT CAUSES DUE TO (b) <b>Embolus</b> DUE TO (c) <b>Rheumatic Heart Disease &amp; Chronic Aur. Fibrillation</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>R. Popliteal embolus &amp; gangrene R. lower leg</b>	
19a. DATE OF OPERATION <b>4/9/53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Amputation - R. lower leg - Gangrene.</b>	
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) (Min.)		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 <b>4/5</b> <sup>10</sup> <b>53</b> , to <b>4/16</b> , <b>1953</b> , that I last saw the deceased alive on <b>4/16</b> , <b>1953</b> , and that death occurred at <b>4:15 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>P. L. Byers, MD.</b> (Degree or title)		23b. ADDRESS <b>4635 Wyandotte, K.C. 2, Mo.</b>	
23c. DATE SIGNED <b>4/17/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>April 17 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Braymer, Missouri</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Beraldine Smith</b>		ADDRESS <b>Mead Funeral Home, Braymer, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

MS  
NOV 6  
1859

**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 John R. Friedman

Licensed Embalmer No. 4531

P. O. Address Kansas City, 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.