

JUL 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23961**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>772</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (If in this place) <u>48 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		0117 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>2420 St. Joseph Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DELLA</u>			b. (Middle) _____		c. (Last) <u>JOHNSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 8, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Nov. 29, 1880</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days Hours Mins.	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lamont Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Daniel Alsaugh</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Baney</u>		14. NAME OF HUSBAND OR WIFE <u>Richard Johnson</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>VNK.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Alsaugh St. Joseph Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>Several years</u> <u>27 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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)		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>7-8, 1953</u> , to <u>7-8-53, 1953</u> , that I last saw the deceased alive on <u>7-8, 1953</u> , and that death occurred at <u>11:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lucien St. Ide M.D.</u>				23b. ADDRESS <u>902 Edward St. Joseph, Mo</u>		23c. DATE SIGNED <u>7-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 10 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 14, 1953</u>		REGISTRAR'S SIGNATURE <u>Katherine M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Joseph Mo.</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

4 20 20 11

AUG 3 1954

OCT 1 1954

DEC 28 1954

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.