

FILED JUL 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25300**

BIRTH NO.		REG. DIST. NO. 186		PRIMARY REG. DIST. NO. 3026		Registrar's No. 296			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri				b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Independence		d. Residence within limits of city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1612 W. Walnut				e. STREET ADDRESS (If rural, give location) 1612 W. Walnut 0					
3. NAME OF DECEASED (Type or Print) a. (First) Enna			b. (Middle) Roberta		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) July-15-1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 10-1902		9. AGE (In years last birthday) 51 If under 1 year: Months 3 Days 15 If under 24 mos. 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 Domestic		11. BIRTHPLACE (City and State or Foreign Country) Sower, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Isaac Jacobo			13b. MOTHER'S MAIDEN NAME Lattie Carter			14. NAME OF HUSBAND OR WIFE Roy A. Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 500-03-6000		17. INFORMANT'S SIGNATURE OR NAME Roy A. Johnson			ADDRESS Indep. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Generalized Carcinomatosis ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUCE TO (b) Scirrhous Carcinoma of Right Breast DUCE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 18 mo.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X							
19a. DATE OF OPERATION Mar 3 1952		19b. MAJOR FINDINGS OF OPERATION Scirrhous Carcinoma Right Breast - Apillary Metastasis						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)		21d. 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 Feb 28, 1952 , to July 15, 1953 , that I last saw the deceased alive on July 11, 1952 , and that death occurred at 12:20A m. , from the causes and on the date stated above.									
23a. SIGNATURE Harold V. Woods M.D. (Degree or title)				23b. ADDRESS Independence Mo		23c. DATE SIGNED July 16 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-53		24c. NAME OF CEMETERY OR CREMATORY Mount Grove		24d. LOCATION (City, town, or county) (State) Independence - Mo			
DATE REC'D BY LOCAL REG. 7-17-53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Island R. Speaks - Indep ADDRESS					

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

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.....
Signature of Student Embalmer

Signed *Raymond M. Hardy*.....

Licensed Embalmer No. *4913*.....

P. O. Address *Independence, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.