

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29707**

FILED SEP 9 - 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 304

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Bonne Terre</u>		c. CITY OR TOWN <u>Farmington</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0941 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>	b. (Middle) <u>Leslie</u>	c. (Last) <u>Johns</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 3 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Supt.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Educational</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William A. Johns</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Sullins</u>	14. NAME OF HUSBAND OR WIFE <u>Emms Johns</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs W. L. Johns</u>	ADDRESS <u>Farmington, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fibrosarcoma retroperitoneal</u>		
	DUE TO (c) <u>158X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>4-15-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prosep of brain only (fibrosarcoma)</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Prosep of brain only (fibrosarcoma)</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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 3-28 1953, to Sept 2, 1953, that I last saw the deceased alive on Sept 2, 1953, and that death occurred at 12:03 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George L. Watten</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Farmington Mo</u>	23c. DATE SIGNED <u>9-3-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 4 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Sept. 3, 1953</u> <u>Catherine Redloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozoon Funeral Home</u>	ADDRESS <u>Farmington, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

VS JUN 23 1959

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.....

Ch Cozear

Licensed Embalmer No. 408

P. O. Address *Farmington*

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.