

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36623**

62525
FILED OCT 26 1953

BIRTH NO. _____ REG. DIST. NO. **237** PRIMARY REG. DIST. NO. **5820** Registrar's No. **11**

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

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gideon - Anderson Twp		c. LENGTH OF STAY (in this place) Life	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gideon		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Judy	b. (Middle) Cottell	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year)
				10 16 53

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH July, 19, 1953	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR 2 Months	IF UNDER 6 HRS. 27 Hours	IF UNDER 1 MIN. _____ Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Gideon, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ellis Johnson	13b. MOTHER'S MAIDEN NAME Laura Mae Dempsey	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ellis Johnson	ADDRESS Gideon, Missouri
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholelithiasis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) W	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Gideon, New Madrid, 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 **Oct 10, 1953**, to **Oct 17, 1953**, that I last saw the deceased alive on **Oct 14, 1953**, and that death occurred at **5 P m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Name or title)	23b. ADDRESS Gideon	23c. DATE SIGNED 10-17-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-17-53	24c. NAME OF CEMETERY OR CREMATORY Kennett Cemetery	24d. LOCATION (City, town, or county) (State) Kennett, Mo.
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DATE REC'D BY LOCAL REG. 10-27-53	REGISTRAR'S SIGNATURE [Signature] 4561	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS
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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 Not

Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed Lloyd M. Russell

Signed.....
Student Embalmer

Licensed Embalmer No. 509 - Oak

P. O. Address Jergott, Arkansas

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.