

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38308**

FILED NOV 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1183**

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Goforth Nursing Home 2502 St. Joseph Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>1519 Dewey Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Carrie</b> b. (Middle) <b>L.</b> c. (Last) <b>Johnson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 10, 1953</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>October 8, 1869</b>
9. AGE (In years last birthday) <b>84</b>		10. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Noone, Iowa</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>USA</b>	
13a. FATHER'S NAME <b>Jasper Holmes</b>		13b. MOTHER'S MAIDEN NAME <b>Ollie Allen</b>	
14. NAME OF HUSBAND OR WIFE <b>Burritt M.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Burritt Johnson, 1519 Dewey, St. Joseph, Mo.</b>	
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) <b>Diabetes Mellitus</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ E9030 20 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fractured hip, May 1-1953</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>6 MO</b>	
21a. ACCIDENT (Specify) <b>HOUSING</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Joseph, Buchanan, Mo.</b>	
21d. TIME OF INJURY <b>May 1 1953</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fallen from stairs at home.</b>	
22. I hereby certify that I attended the deceased from <b>May 2, 1953</b> , to <b>July 10, 1953</b> , that I last saw the deceased alive on <b>May 10, 1953</b> , and that death occurred at <b>8:00 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Lesoi Brock M.D.</b>		23b. ADDRESS <b>St. Joseph, Mo 1618 70th St</b>	
23c. DATE SIGNED <b>Nov 12 1953</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
24b. DATE <b>11/13/1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton Bowman</b>	
DATE REC'D BY LOCAL REG. <b>Nov 17, 1953</b>		REGISTRAR'S SIGNATURE <b>Nathan M. Allison</b>	
ADDRESS _____		ADDRESS <b>Heaton Bowman Funeral Home St. Joseph, Mo.</b>	

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 William Spalding.....

Licensed Embalmer No. 45357.....

P. O. Address 3195 10<sup>th</sup> St. Wash DC.....

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.