

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39603**

FILED NOV 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **3036** Registrar's No. **109**

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

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Aurora</b>		c. LENGTH OF STAY (in this place) <b>3 Mo</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Buckprarie Twship</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Tettenhorst Rest Home</b>			d. STREET ADDRESS (If rural, give location) <b>Route # 1 Marionville Mo. 0550</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Augusta</b> b. (Middle) <b>May</b> c. (Last) <b>Johnson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 14-1953</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 8, 1878</b>		9. AGE (In years, last birthday) <b>75</b> IF UNDER 1 YEAR: Months <b>3</b> Days <b>6</b> IF UNDER 24 HRS. Hours <b>6</b> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Christian County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Warren Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Kathrine Madlin</b>		14. NAME OF HUSBAND OR WIFE <b>John Wm. Johnson</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr Oka Johnson, Marionville Mo.</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho pneumonia</b>	DUPLICATE OF (b) <b>Hypertensive heart disease</b>				DUPLICATE OF (c) <b>Unknown</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <b>443X</b>		
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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?	
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22. I hereby certify that I attended the deceased from **January, 1852**, to **Nov. 14, 1953**, that I last saw the deceased alive on **Nov. 14, 1953**, and that death occurred at **10:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>O. Ramsey</b>		23b. ADDRESS <b>Marionville Mo.</b>		23c. DATE SIGNED <b>11/15/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 16/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marionville, Mo.</b>		
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DATE REC'D BY LOCAL REG. <b>Nov. 16, 1953</b>	REGISTRAR'S SIGNATURE <b>Ora Mc Nett</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. B. Shuridge - Marionville, Mo.</b>		
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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Herman Surridge*

Licensed Embalmer No. *3072*

P. O. Address *Marionville 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.