

S. No. 300
V. 10.45

GRAVES
0550
x

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43513**
Registrar's No. **40**

FILED DEC 17 1953

BIRTH NO. _____		REG. DIST. NO. 383		PRIMARY REG. DIST. NO. 5655		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Mt Vernon		c. LENGTH OF STAY (in this place) 7 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route 1 Marionville		0550			
d. FULL NAME OF HOSPITAL OR INSTITUTION The Hedges Rest Home				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED a. (First) Jessie b. (Middle) Dio c. (Last) Johnson			4. DATE OF DEATH Dec. 10. 1953						
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Sept. 18, 1878			
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR 2 Months		IF UNDER 1 YEAR 22 Days		IF UNDER 24 HRS. 0 Hours 0 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lawrence Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME William Loney Johnson			13b. MOTHER'S MAIDEN NAME Malinda Brashers			14. NAME OF HUSBAND OR WIFE Julia Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Kerr, Mt. Vernon, Mo. ADDRESS					
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, asthenia, 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) Uremia				DUE TO (b) Chronic nephritis				1 week	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Chronic nephritis				week	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Chronic nephritis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592 X				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) (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 5/12/53 , 19 53 , to 12/10/53 , 19 53 , that I last saw the deceased alive on 12/1/53 , 19 53 , and that death occurred at 8:10 a. m. , from the causes and on the date stated above.									
23a. SIGNATURE Cecil Sandwick (Degree or title) MD				23b. ADDRESS Mt. Vernon Mo		23c. DATE SIGNED 12/11/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 12/53		24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery		24d. LOCATION (City, town, or county), (State), R 1 Marionville Mo.			
DATE REC'D BY LOCAL REG. 12-12-53		REGISTRAR'S SIGNATURE Cecil Sandwick		25. FUNERAL DIRECTOR'S SIGNATURE J.B. Burridge ADDRESS Marionville Mo.					

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

2010 2011

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 Curridge*

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.