

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED FEB 10 1954 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY OR TOWN Mexico	c. LENGTH OF STAY years	c. CITY (If outside corporate limits, write RURAL and give township) Mexico	
d. FULL NAME OF HOSPITAL OR INSTITUTION 803 S. Western		d. STREET ADDRESS (If rural, give location) 803 S. Western	

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Scott c. (Last) Johnson	4. DATE OF DEATH Jan 30, 1954					
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 2, 1860	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months Days	IF UNDER 6 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Cateress	11. BIRTHPLACE (City and State or Foreign Country) Sturgeon, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME UNK	13b. MOTHER'S MAIDEN NAME TO LAY BRADFORD	14. NAME OF HUSBAND OR WIFE -----
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Barrie Dougan	ADDRESS Mexico, MO
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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 6 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infection of eye 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	19b. MAJOR FINDINGS OF OPERATION 4/2 X	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)
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?

22. I hereby certify that I attended the deceased from **11/24, 1948** to **1/30, 1954**, that I last saw the deceased alive on **1/26, 1954**, and that death occurred at **2:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. D. [Signature]	(Degree or title)	23b. ADDRESS M. D. Mexico, Missouri	23c. DATE SIGNED 2/1/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-2-54	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Mexico, Missouri.
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DATE REC'D BY LOCAL REG. Feb 1-1954	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS [Address]
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Alvo Arisola

Licensed Embalmer No. 3569

P. O. Address Missisco N

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.