

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**2246**

State File No. ....

FILED FEB 5 1954 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5917 Registrar's No. 12

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Perry</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. Marys Township</u>		c. CITY OR TOWN <u>Yount</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Yount, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>0790</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>Alice</u> c. (Last) <u>Johnson</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>January 30, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>December 25, 1866</u>	
				9. AGE (In years last birthday) <u>87</u>	
				11. BIRTHPLACE (City and State or Foreign Country) <u>Red Bud, Illinois</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Allen Weir</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Montroy</u>		14. NAME OF HUSBAND OR WIFE <u>James Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alfred Mudge, Yount, Mo.</u> ADDRESS	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suburture of a sh</u>  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.		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>794 X</u>		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 Oct, 1953, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Jan 29, 1954, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. W. Woodman</u>		23b. ADDRESS <u>Perryville Mo</u>		23c. DATE SIGNED <u>2-1-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>February 2, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Whitewater Christian Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Yount, Mo.</u>	

DATE REC'D BY LOCAL REG <u>Feb 1-1954</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zollner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Bey, Perryville, Mo.</u> ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

FEB

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, ~~\_\_\_\_\_~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Albert Bey*

Licensed Embalmer No. *38*

P. O. Address *Perryville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.