

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3939**

FILED MAR 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **5086** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Homer Twp.</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Rural Homer Twp</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RFD 1 Amoret</b>		e. STREET ADDRESS (If rural, give location) <b>RFD 1 Amoret</b>	

3. NAME OF DECEASED (Type or Print) <b>Elizabeth</b>	a. (First)	b. (Middle)	c. (Last) <b>Johnson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 24, 1954</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>Married</b>	8. DATE OF BIRTH <b>May 10, 1890</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR (Month) (Day) <b>9 14</b>	IF UNDER 24 HRS. (Hours) (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 <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Laclede Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Stephen Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret</b>	14. NAME OF HUSBAND OR WIFE <b>Wm. Harve Johnson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wm. Harve Johnson</b>	ADDRESS <b>RFD Amoret, Mo.</b>
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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, 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) <b>Typhoid Stasis pneumonia</b>		<b>2 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) <b>Clear Acc. Carcinoma of bladder one year</b>	

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)
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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 **Feb. 29<sup>th</sup> 1954**, to **Feb. 24, 1954**, that I last saw the deceased alive on **Feb. 24, 1954**, and that death occurred at **3:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. S. Luther, M.D.</b>	23b. ADDRESS <b>Butler, Mo.</b>	23c. DATE SIGNED <b>2-26-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2 - 26 - 54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lebanon Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lebanon Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Feb. 26-54</b>	REGISTRAR'S SIGNATURE <b>Kendall Kersey</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Culver-Underwood</b>	ADDRESS <b>Butler Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ADMITTED TO RECORD 0070

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.....  
Signature of Student Embalmer

Signed *John G Anderson*  
Licensed Embalmer No. *3585*  
P. O. Address: *Butler*

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.