No. 300
10.48

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15308

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plattsburg
c. LENGTH OF STAY (In this place): 3 Mo,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Quinn nursing home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Clinton Mo, Life
b. COUNTY: Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osborne
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Maude b. (Middle) E, c. (Last) Johnson
4. DATE OF DEATH (Month) 4 (Day) 34 (Year) 54
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June, 31, 1885
9. AGE (In years last birthday): 68 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Mo
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: William Wright
13b. MOTHER'S MAIDEN NAME: Mary Elder
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Earl Johnson ADDRESS: Sioux City Ia.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lympho-sarcoma — Interval between onset and death: 8-12mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastasis generalized — 3-4mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 2001

19a. DATE OF OPERATION: Nov. 26-53
19b. MAJOR FINDINGS OF OPERATION: Lympho-sarcoma of Stomach
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1953, *to* April 24, 1954, *that I last saw the deceased alive on* April 24, 1954, *and that death occurred at* 3 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John P. Mabry M.D.
23b. ADDRESS: Plattsburg, Mo.
23c. DATE SIGNED: May 14, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-26-54
24c. NAME OF CEMETERY OR CREMATORY: Osborne
24d. LOCATION (City, town, or county) (State): Osborne Mo

DATE REC'D BY LOCAL REG.: May 18, 54
REGISTRAR'S SIGNATURE: Elizabeth Devaney 441-0
25. FUNERAL DIRECTOR'S SIGNATURE: John Brown ADDRESS: Maysville Mo
(Licensed Embalmer's Statement on Reverse Side)

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 John Brown

Licensed Embalmer No. 3933

P. O. Address Maryville 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.