

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19523**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **96**

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Vernon</b>		c. CITY OR TOWN <b>Lebanon</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>8 days</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>	
STREET ADDRESS (If rural, give location) <b>Crisp Addition #3</b>			

3. NAME OF DECEASED (Type or Print) <b>Juanita</b>	a. (First)	b. (Middle) <b>June</b>	c. (Last) <b>McPherson</b>	4. DATE OF DEATH <b>June 22, 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 2, 1920</b>	9. AGE (In years last birthday) <b>34</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. 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>Van Buren, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Silas William Protsman</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Behnkie</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph Y. McPherson</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>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>San. records, Mo. State San., Mt. Vernon, Mo.</b>	ADDRESS <b>Mo. State San., Mt. Vernon, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>abt. 11 yr.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary tuberculosis, far advanced</b>		
	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.			

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)	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 **June 13, 1954**, to **June 22, 1954**, that I last saw the deceased alive on **June 21, 1954**, and that death occurred at **1:00a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Sgt. Acland</b>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>Mt. Vernon, Missouri</b>	23c. DATE SIGNED <b>6-22-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-22-54</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Van Buren Mo</b>
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DATE REC'D BY LOCAL REG. <b>6-22-54</b>	REGISTRAR'S SIGNATURE <b>Cecil Acland</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>May I Forrest</b>	ADDRESS <b>W. Vernon, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 30

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..... *Max L Fossett*

Licensed Embalmer No..... *425*

P. O. Address..... *Milwaukee*

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.