

FILED AUG 2 - 1954 THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22894

0470

5

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

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5562</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Iront</u>				a. STATE <u>MO.</u>		b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Arcadia</u> )		c. LENGTH OF STAY (in this place) <u>9 mo. 10</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Arcadia</u> 0470			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home for Aged Baptists</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 Mi. E. on Hiway 70</u> 0			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Purlina</u>			b. (Middle) <u>Jane</u>			c. (Last) <u>Johnson</u>	
(Type or Print)			(Month) (Day) (Year)			F <u>F</u> W <u>W</u>	
6. COLOR OR RACE <u>W</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>			8. DATE OF BIRTH <u>July 28, 1869</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>			9. AGE (In years last birthday) <u>84</u>	
11. BIRTHPLACE (State or foreign country) <u>Vennedy Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			F UNDER 1 YEAR <u>11</u> Days	
13a. FATHER'S NAME <u>Zephiniah Harland</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Jones</u>			F UNDER 2 Wks. <u>25</u> Hours	
14. NAME OF HUSBAND OR WIFE <u>Lycurgus M. Johnson</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME			ADDRESS.				
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular heart deficiency</u> 4 mo							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES							
Morbidity 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 <u>4214</u>					20. AUTOPSY?
							YES <input type="checkbox"/> NO <input 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 <u>March 1, 1954</u> , to <u>July 23, 1954</u> , that I last saw the deceased alive on <u>July 19, 1954</u> , and that death occurred at <u>10 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. M. Fitzpatrick M.D.</u>		(Degree or title)		23b. ADDRESS <u>Lester ville Mo</u>		23c. DATE SIGNED <u>7/24/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-25-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ironton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/28/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Anna Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>		ADDRESS <u>Ironton Mo.</u>	
(Licensed Embalmer's Statement on Reverse Side)							

AUG 11 1954

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 *Lyle A. White*

Licensed Embalmer No. 4295

P. O. Address Proctor, 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.