

FILED JUL 20 1954.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23677**

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>209</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived, the institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>1035 Vermont St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1035 Vermont St</u>				d. STREET ADDRESS (If rural, give location) <u>1035 Vermont St</u>			
3. NAME OF DECEASED a. (First) <u>Effie</u>			b. (Middle) _____		c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-11-54</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED _____		8. DATE OF BIRTH <u>Nov. 20-1875</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</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 _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Maxville</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Bell</u>		14. NAME OF HUSBAND OR WIFE <u>William Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Josephine Johnson</u> ADDRESS <u>137 Clifford</u>			
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>died without medical attention</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>had stroke 8 yrs ago</u> DUE TO (c) <u>Found dead in home</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1043 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H.M. O'Donnell</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>7-14-54</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>Rural</u>		24b. DATE <u>July 14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/15/54</u>		REGISTRAR'S SIGNATURE <u>H.C. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wes E Roberts</u> ADDRESS <u>Hannibal</u>			

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

RECEIVED JUL 19 1907
MARION CO, HEALTH DEPT.
DATE FILED JUL 19 1907

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 Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hammel 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.