

No. 300
10.48

FILED AUG 9 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. **25995**

BIRTH NO. _____		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>6190</u>		Registrar's No. <u>69</u>	
1. PLACE OF DEATH a. COUNTY <u>TANEY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRANSON</u>		c. LENGTH OF STAY (In this place) <u>1 hr.</u>		c. CITY OR TOWN <u>St Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skapp Cancer Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Cixey 2009</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u> b. (Middle) <u>June</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-21-54</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Jan 25, 1933</u>	
9. AGE (In years last birthday) <u>21</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Operator</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>George P Johnson</u>		13b. FATHER'S MAIDEN NAME <u>Helen R Johnson</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>George P Johnson</u> ADDRESS <u>St Louis MO</u>			
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) <u>Cerebral Aneurysm</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> ANTECEDENT CAUSES DUE TO (b) <u>Postural Strain</u> DUE TO (c) <u>Acute Anemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Probable broken neck</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE - HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, or office bldg., etc.) <u>Home, Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Branson Tany Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 21 1954 10:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Acute Anemia</u>			
22. I hereby certify that I attended the deceased from <u>7/21</u> to <u>7/21</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7/21</u> , 19 <u>54</u> and that death occurred at <u>11:00 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>George P Johnson</u> (Degree or title) _____				23b. ADDRESS _____		23c. DATE SIGNED <u>7-22-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-2-54</u>		REGISTRAR'S SIGNATURE <u>J E Cogswell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Whelchel</u> ADDRESS <u>Branson</u>			

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

AUG 10 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.....
Signature of Student Embalmer

Signed *Walter J. Cobb*

Licensed Embalmer No. *4731*

P. O. Address *Farmington*

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.