

FILED SEP 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29507**
Registrar's No. **130**

BIRTH NO. **31645-54** REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074**

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

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY OR TOWN New Madrid	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 Hours		e. STREET ADDRESS (If rural, give location) 318 Powell St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Janett b. (Middle) ---- c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) 8 15 1954		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 5-21-1954	9. AGE (In years last birthday) —	10. MONTHS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0		10b. KIND OF BUSINESS OR INDUSTRY 0	11. BIRTHPLACE (City and State or Foreign Country) New Madrid, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Vert Johnson	13b. MOTHER'S MAIDEN NAME Alice Fox	14. NAME OF HUSBAND OR WIFE 0
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 0	16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME Mr. Vert Johnson, New Madrid, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza, bacterial		
	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"/>
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 **8-15, 1954**, to **8-15, 1954**, that I last saw the deceased alive on **8-15, 1954**, and that death occurred at **10:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE A. D. Watters, M.D.	23b. ADDRESS Sikeston, Mo	23c. DATE SIGNED 8-17-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/17/54	24c. NAME OF CEMETERY OR CREMATORIUM Sand Hill
24d. LOCATION (City, town, or county) New Madrid		(State) Mo

DATE REC'D BY LOCAL REG. 8-21-54	REGISTRAR'S SIGNATURE Mrs. C. J. ...	25. FUNERAL DIRECTOR'S SIGNATURE Richard ...	ADDRESS New Madrid
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DATE RECEIVED SEP 7 1954
SCOTT CO. HEALTH DEPT.
CO. FILE No. 954-188

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 Robert L. Roberts
Licensed Embalmer No. 788
P. O. Address Westport

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.