

FILED SEP 16 1954

## STANDARD CERTIFICATE OF DEATH

State File No. **30357**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **140**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Newton Co</b>				
b. CITY (If outside corporate limits, state RURAL and give township) <b>Newton</b>		c. LENGTH OF STAY (In this place) <b>1 mo.</b>		c. CITY OR TOWN <b>Newton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wright Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>0610</b>				
3. NAME OF DECEASED (Type or Print) <b>FLORENCE SARAH ANN JOHNSON</b>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 5 1954</b>		
5. SEX <b>fe</b>	6. COLOR OR RACE <b>w</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 28 1901</b>		9. AGE (In years last birthday) <b>52</b>	if UNDER 1 YEAR Months	if UNDER 2 HRS. Hours	if UNDER 15 MIN. Min.
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		11. BIRTHPLACE (City and State or Foreign Country) <b>Seneca Neb.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Wa Peterson</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Ann Strin</b>		14. NAME OF HUSBAND OR WIFE <b>Victor Johnson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Victor Johnson Newton Mo</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ciguera Carcinoma of Cervix</b> ANTECEDENT CAUSE <b>With metastatic liver.</b> 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.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>171X</b>					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)		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 <b>March 14, 1954</b> , to <b>Sept 5, 1954</b> , that I last saw the deceased alive on <b>Sept 5, 1954</b> , and that death occurred at <b>8:45 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Clara F. [Signature]</b>				23b. ADDRESS <b>Newton Mo</b>				23c. DATE SIGNED <b>Sept 6 1954</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 8 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Paul Neb.</b>			
DATE RECD BY LOCAL REG. <b>9/8/54</b>		REGISTRAR'S SIGNATURE <b>Gene Jaur</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Judd &amp; Payne Newton Mo</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 17 1954

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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.....  
*P. K. Payne*

Licensed Embalmer No. *3402*

P. O. Address.....  
*East*

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.