

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1954

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>88</u> | | PRIMARY REG. DIST. NO. <u>5326</u> | | Registrar's No. <u>33</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u> | | | |
| b. CITY OR TOWN <u>STEELEVILLE</u> | | c. LENGTH OF STAY (in this place) <u>17 DAYS</u> | | c. CITY OR TOWN <u>STEELEVILLE</u> | | d. STREET ADDRESS (If rural, give location) <u>0280</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PLEASANT VALLEY NURSING HOME</u> | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED a. (First) <u>DELORA</u> b. (Middle) <u>ETHEL</u> c. (Last) <u>JOHNSON</u> | | | 4. DATE OF DEATH <u>OCT. 30 - 1954</u> | | | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>JAN 7 - 1887</u> | |
| 9. AGE (In years last birthday) <u>67</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 HRS. 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 <u>-</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>SALEM, MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>SYLVESTER FRASER</u> | | 13b. MOTHER'S MAIDEN NAME <u>LUCINDA NOLLNER</u> | | 14. NAME OF HUSBAND OR WIFE <u>GLENN 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 <u>GLENN JOHNSON - STEELEVILLE, MO.</u> ADDRESS _____ | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pernicious anemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Idiopathic - was also</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>diabetic</u> DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u> 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 <u>Nov.</u> , 19 <u>49</u> , to <u>Oct</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 17, 1954</u> , and that death occurred at <u>3:45 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>DO.</u> | | | | 23b. ADDRESS <u>Steeleville Mo</u> | | 23c. DATE SIGNED <u>11/2/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>NOV 1 - 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>FRASER CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>DENT COUNTY, MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>11/12/54</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 505- _____ | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>STEELEVILLE, MO.</u> | |

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

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 Thomas J. Albert

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.