

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33754

FILED OCT 27 1954

State File No.

0470
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|---|--|--|---|--|---|---|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>144</u> | | PRIMARY REG. DIST. NO. <u>4234</u> | | Registrar's No. <u>53</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Re Iron Co</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u> | | c. LENGTH OF STAY (In this place) <u>10 days</u> | | c. CITY OR TOWN <u>Black</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>St Mary's Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>X</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Frankie</u> b. (Middle) <u>Melvina</u> c. (Last) <u>Johnson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-21-54</u> | | | | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>Mar 27/1876</u> | | |
| 9. AGE (In years last birthday) <u>77</u> | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 HRS. Hours Min. | | |
| 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>X</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds County Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S</u> | |
| 13a. FATHER'S NAME <u>Boss Myers</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Louitishia Dunn</u> | | | 14. NAME OF HUSBAND OR WIFE <u>John Henry Johnson</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>X</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Leon Cash Black 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sclerosis of the liver (Ascites)</u> <u>Possible intestinal neoplasm</u> ANTECEDENT CAUSES <u>Acute nephritis</u> 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. <u>Far Advanced myocarditis</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u> <u>?</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>153 X</u> | | | | | 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>10-12</u> , 19 <u>54</u> , to <u>10-21</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-21</u> , 19 <u>54</u> , and that death occurred at <u>5:20A</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>R. E. Harland, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Ironton, Missouri</u> | | | 23c. DATE SIGNED <u>10-22-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>10-22-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Myers Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Black Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>10-23-54</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> <u>128</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John K. Johnson</u> ADDRESS <u>Salem Mo</u> | | | |

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed.....
Carl H. Johnson

Licensed Embalmer No. *237*

P. O. Address *Salem, Va*

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.