

STANDARD CERTIFICATE OF DEATH

State File No. 43293

3520

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

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>																											
b. CITY OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Senath, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0350</u>																											
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) <u>—</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11, 1954</u>																												
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 2, 1873</u>																									
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		IF UNDER 15 MIN. Min.																									
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired.</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>MO. O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>																								
13a. FATHER'S NAME <u>Matt Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Tempe Tubbs</u>			14. NAME OF HUSBAND OR WIFE <u>MARY JONES - (deceased)</u>																									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>From</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willie Johnson, Senath, Mo.</u>																										
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)																															
<table border="1"> <tr> <td colspan="6">I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u></td> <td colspan="2">INTERVAL BETWEEN ONSET AND DEATH</td> </tr> <tr> <td colspan="6"> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gall bladder ruptured</u> DUE TO (c) </td> <td colspan="2"></td> </tr> <tr> <td colspan="8"> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. </td> </tr> </table>								I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>						INTERVAL BETWEEN ONSET AND DEATH		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gall bladder ruptured</u> DUE TO (c)								II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>586X</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) (Min.)			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>11-5, 1954</u> , to <u>12-11, 1954</u> , that I last saw the deceased alive on <u>12-11, 1954</u> , and that death occurred at <u>6:45 p. m.</u> , from the causes and on the date stated above.																															
23a. SIGNATURE <u>L.C. Wilson M.D.</u> (Degree or title)					23b. ADDRESS <u>Kenned Dr</u>		23c. DATE SIGNED <u>1-17-55</u>																								
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec 13, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Senath</u>		24d. LOCATION (City, town, or county) (State) <u>Senath, Mo.</u>																									
DATE REC'D BY LOCAL REG. <u>1-18-55</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howard Funeral Home Senath, Mo.</u>																										

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 1-14-55
COUNTY FILE NUMBER 1-55-1

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.....
Edward L. Curson

Licensed Embalmer No. 484
P. O. Address Smith, M

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.