

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **6294-55** REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **20**

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

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Vernon</b>                        |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MO</b> b. COUNTY <b>Vernon</b> |   |
| b. CITY OR TOWN <b>Nevada</b>                                       |  | c. CITY-OR TOWN <b>Nevada</b>   | 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) <b>Life</b>                       |  | e. STREET ADDRESS (If rural, give location) <b>1082 0</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Nevada City Hospital</b> |  |   |   |

|  |                            |  |  |  |  |
|--|----------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>ELIZABETH</b> b. (Middle) <b>JOHNSON</b> c. (Last) <b>JOHNSON</b> |                            |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>JAN. 24 1955</b>         |  |  |
| 5. SEX <b>F</b>  | 6. COLOR OR RACE <b>W.</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>BABY</b> | 8. DATE OF BIRTH <b>JAN. 24-55</b>                                   | 9. AGE (in years last birthday) <b>0</b> | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>—</b>                   |                            | 10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>                         | 11. BIRTHPLACE (City and State or Foreign Country) <b>Nevada, MO</b> |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>         |

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <b>David Johnson</b>  | 13b. MOTHER'S MAIDEN NAME <b>Betty S Light</b> | 14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> | 16. SOCIAL SECURITY NO. <b>—</b>               | 17. INFORMANT'S SIGNATURE OR NAME <b>David Johnson</b> ADDRESS <b>Sheldon, MO</b> |

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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 |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory failure, probably by diaphragm</b>  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Prematurity</b><br>DUE TO (c) <b>—</b> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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) m. | 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 **1/24 1955**, to **1/24 1955**, and that death occurred at **8:40** m., from the causes and on the date stated above.

|  |                                |                                 |
|--|--------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Ray W. Rafferty MD</b> | 23b. ADDRESS <b>Nevada, MO</b> | 23c. DATE SIGNED <b>1/21/55</b> |
|--|--------------------------------|---------------------------------|

|  |                              |   |   |
|--|------------------------------|---|---|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>JAN 25 1955</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Sheldon</b> | 24d. LOCATION (City, town, or county) (State) <b>Sheldon MO</b> |
|--|------------------------------|---|---|

|  |   |     |  |
|--|---|-----|--|
| DATE REC'D BY LOCAL REG. <b>2-3-55</b> | REGISTRAR'S SIGNATURE <b>Anna E. Avey</b> | 431 | 25. FUNERAL DIRECTOR'S SIGNATURE <b>L. Gerald Perry</b> ADDRESS <b>Sheldon</b> |
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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 <sup>not</sup> embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *L. Gerald Beeny*.....

Licensed Embalmer No. *492*.....

P. O. Address *Sheldon*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.