

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7565**

FILED APR 11 1955

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salisbury	c. LENGTH OF STAY (in this place) 12 yrs.	c. CITY OR TOWN Salisbury	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 East 4th Street		STREET ADDRESS (If rural, give location) East 4th Street 0219	

3. NAME OF DECEASED (Type or Print)	a. (First) Bettie	b. (Middle) F.	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) April 3 1955
-------------------------------------	--------------------------	-----------------------	--------------------------	--

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH August 10, 1864	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	---	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) Randolph County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
--	---	---	--

13a. FATHER'S NAME Horace Ficklin	13b. MOTHER'S MAIDEN NAME Pemily Baker	14. NAME OF HUSBAND OR WIFE Don't know
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Effie Lou Smith ADDRESS Salisbury, Missouri
--	-------------------------------------	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 yrs (history)
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		8 yrs
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary heart disease		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 151X	

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 **February 29, 1955**, to **April 3, 1955**, that I last saw the deceased alive on **April 2, 1955**, and that death occurred of **1 day**, from the causes and on the date stated above.

23a. SIGNATURE L. Hanna (Degree or title) MD	23b. ADDRESS Salisbury, Mo	23c. DATE SIGNED 4/4/55
--	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4-5-1955	24c. NAME OF CEMETERY OR CREMATORY Thomas Hill Cemetery	24d. LOCATION (City, town, or county) (State) Thomas Hill, Missouri
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. 4-7-55	REGISTRAR'S SIGNATURE Byrd H. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton ADDRESS Huntwell
--	--	---

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 *Tom B. Patton*.....

Licensed Embalmer No. *391*.....

P. O. Address *Hunter*.....

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.