

FILED MAR 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8825**

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3042</u>		Registrar's No. <u>69</u>		
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Marion Mo.</u>				
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Hannibal</u>		d. STREET ADDRESS <u>1908 Settle St</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Elizabeth Hos</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <u>Geneva</u>			a. (First)		b. (Middle)		c. (Last) <u>Johnson</u>	
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>2</u>		(Year) <u>55</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>6-8-1886</u>		
9. AGE (in years last birthday) <u>68</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MIN. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Wm Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Porter</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. <u>-</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Ross Calif.</u>		
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>Coronary infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Two days</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____					
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>Mar. 1</u> , 19 <u>55</u> , to <u>Mar. 2</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Mar. 2</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE: <u>San Landa M.D.</u> (Degree or title) M. D.				23b. ADDRESS <u>707 Bdwy, Hannibal, Mo.</u>		23c. DATE SIGNED <u>3-7-55</u>		
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>3-6-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3/7/55</u>		REGISTRAR'S SIGNATURE <u>EM Lucke By HO Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo E Roberts</u>		ADDRESS <u>Hannibal</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 15 1955
MARION CO. HEALTH DEPT.
DATE FILED MAR 15 1955

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 Geo G Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal 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.