

FILED AUG 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25178

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>230</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LEWIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (In this place) <u>11 days</u>		c. CITY OR TOWN <u>Ewing</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>Langhans</u>				e. STREET ADDRESS (If rural, give location) <u>3 1/2 miles S-W. 0569</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GENEVIEVE</u>		b. (Middle) <u>ALICE</u>		c. (Last) <u>JOHNSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 17, 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 29, 1907</u>	
9. AGE (In years last birthday) <u>48</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Davenport Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ralph Roland Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha May William</u>		14. NAME OF HUSBAND OR WIFE <u>Cecil E 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>710 -</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ramona J. Lynch, Ewing, Mo.</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>Acute Pancreatic Necrosis and Abscess</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) dating the underlying cause last. DUE TO (b) <u>UNKNOWN</u> DUE TO (c) <u>5870</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HEPATITIS - OBSTRUCTION BILE DUCTS - INTESTINAL ADHESIONS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>	
19a. DATE OF OPERATION <u>8-9-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>DIFFUSE PANCREATITIS - OBSTRUCTION BILE DUCT - HEPATITIS</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Aug. 7, 1955</u> to <u>Aug 17, 1955</u> , that I last saw the deceased alive on <u>Aug 17, 1955</u> , and that death occurred at <u>7:35 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul Langhans Jr. M.D.</u>				23b. ADDRESS <u>Kirkville Mo</u>		23c. DATE SIGNED <u>8-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 20, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Davenport Iowa</u>	
DATE REC'D BY LOCAL REG. <u>8-18-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Ball, Ewing, Mo</u>			

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

AUG 26 1955

FEB 5 1957

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..... *Thomas Ball*

Licensed Embalmer No..... 174

P. O. Address..... *Ewing*

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.