

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31936

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 30722 Registrar's No. 181

1. PLACE OF DEATH  
a. COUNTY Saline

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Saline

b. CITY (If outside corporate limits, write RURAL and give township) MARSHALL

c. CITY OR TOWN MARSHALL

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 110 East Yerby

STREET ADDRESS (If rural, give location) 110 EAST Yerby 89720

3. NAME OF DECEASED  
a. (First) LURA b. (Middle) Tyson c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) Sept 27 1955

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH MARCH 11, 1861

9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (If under 24 hrs. Hours) (Min.) 94

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and State or Foreign Country) Sweet Springs Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jeffery La Rue

13b. MOTHER'S MAIDEN NAME Kate Wheeler

14. NAME OF HUSBAND OR WIFE Simon W. Johnson

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 ADDRESS Mrs Henry Haug, Marshall 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Senility

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 794X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1954, to Sept. 27, 1955, that I last saw the deceased alive on 26, 1955, and that death occurred at 4:20 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. L. Emerson

23b. ADDRESS Marshall Mo. 327 E. Vest

23c. DATE SIGNED 9-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept 29 1955

24c. NAME OF CEMETERY OR CREMATORY Mount M. Zion Cemetery

24d. LOCATION (City, town, or county) (State) Pettis County, Mo

DATE REC'D BY LOCAL REG. Sept Oct 1-55

REGISTRAR'S SIGNATURE Paul J. Reed

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edgar J. Mowley Sweet Springs, Mo

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

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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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *Edgar L Mosley*.....

Licensed Embalmer No. *471*

P. O. Address *Sweet Springs*

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