

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37862**

FILED NOV 29 1955

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **74**

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

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond rural 1 township		c. CITY OR TOWN Camden	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 Ray County Home		e. STREET ADDRESS (If rural, give location) street not listed 0845	
3. NAME OF DECEASED (Type or Print) a. (First) DORA b. (Middle) (N) c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) November 20, 1955
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 3, 1876
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House Keeping	11. BIRTHPLACE (City and State or Foreign Country) Wheatfield, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Campbell	
13b. MOTHER'S MAIDEN NAME Elizabeth Dallas		14. NAME OF HUSBAND OR WIFE Peter E. Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Leticia K. Davis, Camden, Missouri		ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia INTERVAL BETWEEN ONSET AND DEATH weeks ANTECEDENT CAUSES DUE TO (b) Decubitus Ulcers months DUE TO (c) Strokes multiple years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive ht. disease years	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 443X	
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 10-1-53 , 19____, to 11-20 , 19 55 , that I last saw the deceased alive on 11-19 , 19 55 , and that death occurred at 12:30 P.M. from the causes and on the date stated above.			
23a. SIGNATURE J. K. Davault M.D. (Degree or title)		23b. ADDRESS Richmond	
23c. DATE SIGNED 11-22-55		24a. BIRTH BY BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE November 23, 1955		24c. NAME OF CEMETERY OR CREMATORY Craven Cemetery	
24d. LOCATION (City, town, or county) (State) Camden, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE WEST-LIFE FUNERAL HOME ADDRESS RICHMOND, MISSOURI per Geo. D. Hill	
DATE REC'D BY LOCAL REG. NOV 24-1955		REGISTRAR'S SIGNATURE M. L. Jackson 273	

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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.....
George H. Hill

Licensed Embalmer No. 406.....

P. O. Address *Pickman*.....

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.