

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8483

State File No.

FILED MAR 19 1956

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY Clay

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

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

c. CITY OR TOWN Maysville

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

d. FULL NAME OF HOSPITAL OR INSTITUTION Smithville Community Hosp

f. STREET ADDRESS (If rural, give location) None

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3. NAME OF DECEASED
a. (First) Maude b. (Middle) Ethel c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 28, 1956

5. SEX F

6. COLOR OR RACE Wh

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

8. DATE OF BIRTH Nov. 26, 1881

9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 3 Days 2 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 At Home

11. BIRTHPLACE (City and State or Foreign Country) Amity, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edwin Hathaway

13b. MOTHER'S MAIDEN NAME Miranda Winans

14. NAME OF HUSBAND OR WIFE Unkown

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 Harold Johnson Maysville, Mo.

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) Uremia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephrosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 6 Weeks

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)
446x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 Feb 10, 1956, to Feb 28, 1956, that I last saw the deceased alive on Feb 28, 1956 and that death occurred at 2:15P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Blithrow M.D.

23b. ADDRESS 2025 Swift North Kansas City, Mo.

23c. DATE SIGNED 2-29-56

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

24b. DATE 3-2-56

24c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery

24d. LOCATION (City, town, or county) (State) Maysville, Missouri

DATE REC'D BY LOCAL REG. 3-2-56

REGISTRAR'S SIGNATURE Marquise Hudgens

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bram Funeral Home Maysville, Mo.

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 *Donald W. Hanks*

Licensed Embalmer No. ~~12345~~

P. O. Address *Smithville, Va.*

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.