

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **38974**

No. 300
10-48

FILED DEC 3 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **16**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived in institution: residence before admission)	
a. COUNTY Pettis	a. STATE Mo	b. COUNTY Pettis	
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN Sedalia	c. CITY OR TOWN Sedalia	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (In this place) 72 hrs		e. STREET ADDRESS (If rural, give location) 508 N. Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION 508 N. Washington			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Della E.	b. (Middle)	c. (Last) Johnson	Nov 29-1956		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unknown		9. AGE (In years, state birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Sedalia Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Lynn	13b. MOTHER'S MAIDEN NAME Ann Reetar	14. NAME OF HUSBAND OR WIFE Arnon Johnson
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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. Not known	17. INFORMANT'S SIGNATURE OR NAME Mrs Lucille Brockm Sedalia Mo		ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death:	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4222
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 **As Coroner**, **10**, that I last saw the deceased alive on **19**, and that death occurred at **11:20 AM**, from the causes and on the date stated above.

23a. SIGNATURE Chas. Gordon Humphreys (Degree or title)	23b. ADDRESS Coroner, Pettis Co	23c. DATE SIGNED 11-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-30-1956	24c. NAME OF CEMETERY OR CREMATORY Glenwood	24d. LOCATION (City, town, or county) (State) Sedalia Pettis Mo
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DATE REC'D BY LOCAL REG. 11-29-56	REGISTRAR'S SIGNATURE Lawrence Cooney Deput	25. FUNERAL DIRECTOR'S SIGNATURE H. D. Ferguson	ADDRESS Sedalia Mo
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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..... *F D Ferguson*

Licensed Embalmer No. *217*

P. O. Address *Sedalia*

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.