

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2334**

FILED FEB 13 1957

BIRTH NO. _____ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **5968** Registrar's No. **18**

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

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give town) PLATTE CITY, R.F.D. MAY TOWNSHIP		c. CITY- PLATTE CITY, R.F.D. OR TOWN MAY TOWNSHIP	
d. FULL NAME OF HOSPITAL OR INSTITUTION: HOME PLATTE CITY, MO. R.F.D. 2 Miles South of Linkville, Mo.		e. STREET ADDRESS (If rural, give location) 0830	
3. NAME OF DECEASED (Type or Print) a. (First) ANNA		b. (Middle) MAUDE	
c. (Last) JOHNSON		4. DATE OF DEATH FEB. 5, 1957	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 14, 1881
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR 2 Months	IF UNDER 24 HRS. 15 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY FARM	
11. BIRTHPLACE (City and State or Foreign Country) PLATTE COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRANK PAYNE		13b. MOTHER'S MAIDEN NAME MARY S. OLIVER	
14. NAME OF HUSBAND OR WIFE LEE 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 LEE JOHNSON, PLATTE CITY, MO. R.F.D.	
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) CORONARY OCCLUSION 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? 2 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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Paul M. Giffey, Coroner (Degree or title)		23b. ADDRESS Platte City, Mo.	
23c. DATE SIGNED 2-5-57		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 2-7-'57		24c. NAME OF CEMETERY OR OPERATORY HAMPTON CEMETERY	
24d. LOCATION (City, town, or county) (State) PLATTE COUNTY, MO.		25. FUNERAL DIRECTOR'S SIGNATURE McCOMAS FUNERAL HOME, SMITHVILLE, MO.	
DATE REC'D BY LOCAL REG. Feb. 6-1957		REGISTRAR'S SIGNATURE B. Phia. Rollins	

OCT 10 1958

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. *4578*

P. O. Address *Smithville, Mo.*

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.