FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3773

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 219

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1218 N. 15th Street — Length of stay in 1b: 24 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph 0114 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1218 N. 15th Street — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Lillie — Middle May — Last Johnson

4. DATE OF DEATH Month Day Year: February 20, 1957.

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X 2 DIVORCED ☐

8. DATE OF BIRTH: April 2,1874

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months Days — 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 country): Redfield, Kansas.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Young

14. MOTHER'S MAIDEN NAME: Elizabeth Sherman

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: Mrs. Rose Bauer — Address: St. Joseph, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from MAY 10, 1954, to FEB. 20, 1957 and last saw her ~~him~~ alive on FEB. 18, 1957. Death occurred at 3:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lawrence H Kifer MD

22b. ADDRESS: 1302 Faraon St Joseph

22c. DATE SIGNED: 3-1-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial-

23b. DATE: Mar. 22, 1957.

23c. NAME OF CEMETERY OR CREMATORY: Westlawn Cemetery

23d. LOCATION (City, town, or county) (State): DeKalb, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Meierhoffer-Fleeman, Inc., St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: March 5, 1957

26. REGISTRAR'S SIGNATURE: Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer, No. 4679

P. O. Address ....St. Joseph

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