

FILE FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **792**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Sullivan	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hosp.		e. STREET ADDRESS (If rural, give location) R. R. #2 Chire 0360	

3. NAME OF DECEASED (Type or Print) a. (First) Lella b. (Middle) J. c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) Jan 24, 1957	
5. SEX Female	6. COLOR OR RACE white	7. <input checked="" type="checkbox"/> MARRIED NEVER MARRIED / WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Feb. 12-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) 0 Strain, Missouri
13a. FATHER'S NAME John Mitchell		13b. MOTHER'S MAIDEN NAME Mary Sanders	14. NAME OF HUSBAND OR WIFE Edward Johnson

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 Edward Johnson	
		ADDRESS Sullivan, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sclerodermis - 41 Bessy		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Chronic Venous		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Pneumonia - Congestive failure		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5420	
19c. 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)	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 **January 8, 1957**, to **January 24, 1957**, that I last saw the deceased alive on **January 24, 1957**, and that death occurred at **5:30 A.M.** from the causes and on the date stated above.

23a. SIGNATURE Richard M. D.	(Degree or title) M.D.	23b. ADDRESS 35 N. Central, Clayton, Mo.	23c. DATE SIGNED 1-25-57
--	-------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 1-24-57	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Sullivan, Mo.
---	-----------------------------	------------------------------------	---

DATE REC'D BY LOCAL REG. JAN 25 '57	REGISTRAR'S SIGNATURE Carl Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE Eaton, Sullivan, Mo.	ADDRESS
---	---	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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..... *Wm. N. Britz*

Licensed Embalmer No. *388*

P. O. Address *St. L.*

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.