

Dept. Health,
oc., & Welfare
I. S. Public
Health Service

V. S. 300
Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43825
STATE FILE NUMBER

FILED DEC 23 1957

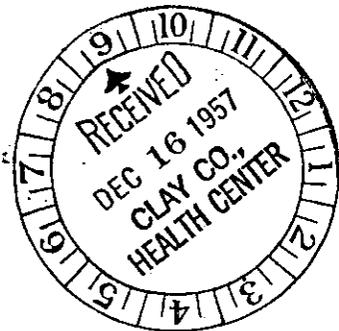
Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Smithville, Mo.</u>		c. CITY OR TOWN <u>North Kansas City, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Smithville Community</u>		d. STREET ADDRESS <u>2010 Clay</u>	
3. NAME OF DECEASED (Type or print) First <u>Lizzie</u> Middle <u>Johnson</u> Last <u>Johnson</u>		4. DATE OF DEATH Month <u>12</u> Day <u>5</u> Year <u>57</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-24-65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Parkville, Missouri</u>
13a. FATHER'S NAME <u>Richard M. Jacks</u>		13b. MOTHER'S MAIDEN NAME <u>Josephene Bright</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Myrtle Woods</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Generalized Arteriosclerosis</u>	
		DUE TO (c) <u>Arteriosclerotic heart disease</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4200</u>	
20c. TIME OF INJURY Hour <u>5:10</u> a.m. <u>p.m.</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Smithville Missouri</u>	
21. I attended the deceased from <u>11-26-57</u> , to <u>12-5-57</u> and last saw her <u>alive</u> on <u>12-5-57</u> Death occurred at <u>5:10 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Daniel A. Barry M.D.</u>	
22b. ADDRESS <u>Smithville Missouri</u>		22c. DATE SIGNED <u>12-6-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Dec 7-1957</u>		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <u>Barry</u>		23d. LOCATION (City, town, or county) (State) <u>Barry Mo</u>	
24. FUNERAL DIRECTOR <u>Leland H. Francis</u>		25. DATE RECD. BY LOCAL REG. <u>12-7-57</u>	
ADDRESS <u>Parkville</u>		26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	

scouring the linear combination in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Leland H. Francis*

Licensed Embalmer No. *3451*

P. O. Address *Parkville*

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.