

FILED JAN 6 1958

STANDARD CERTIFICATE OF DEATH

45285
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 57

V. S. 300
Rev. 1-57

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| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u> | | c. CITY OR TOWN <u>Sweet Springs</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell</u> | | d. STREET ADDRESS (Outside, give location) <u>8 miles East of Sweet Springs</u> | |
| Length of stay in lb <u>10 days</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Dora</u> Middle <u>Bell</u> Last <u>Johnson</u> | | | 4. DATE OF DEATH Month <u>Dec</u> Day <u>27</u> Year <u>1957</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov. 25, 1874</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 9. AGE (In years last birthday) <u>83</u> |
| 11. BIRTHPLACE (City and state or county) <u>Saline County</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | |
| 13a. FATHER'S NAME <u>Samuel Thoms</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Chambers</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Charlie Johnson</u> | | 16. SOCIAL SECURITY NO. <u>490-42-9831</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 17. INFORMANT Address <u>Edgar Johnson Sweet Springs, Mo</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>Terminal Pneumonia. 2 days duration.</u> <u>Uremia. 7 days duration.</u> DUE TO (b) <u>Cardio- Vascular Disease. Over one year.</u> DUE TO (c) <u>Arterio Sclerosis. Over 5 years. 4221F</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of the Right Hip, July 2nd, 1956.</u> | | | 19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>None.</u> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY . Hour Month, Day, Year a.m. <u>None.</u> p.m. | | 20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE | |
| 21: I attended the deceased from <u>Over 10 years</u> to <u>Dec. 27th, 1957</u> last saw her alive on <u>Dec. 26th, 1957.</u> Death occurred at <u>1.07 AM. 12-27-57</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u> | | 22b. ADDRESS <u>Sedalia, Missouri. 12-28-57.</u> | |
| 22c. DATE SIGNED | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 23b. DATE <u>Dec 29, 1957</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u> | |
| 23d. LOCATION (City, town, or county) (State) <u>Sweet Springs Missouri</u> | | 24. FUNERAL DIRECTOR ADDRESS <u>Edgar L. Mosely, Sweet Springs</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>12-28-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certification 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.

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JAN 23 1959

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 *Edgar L. Mosely*

Licensed Embalmer No. 4711

P. O. Address *Sweet Springs, 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.