

FILED APR 9 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009179

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 5225 Registrar's No. 46

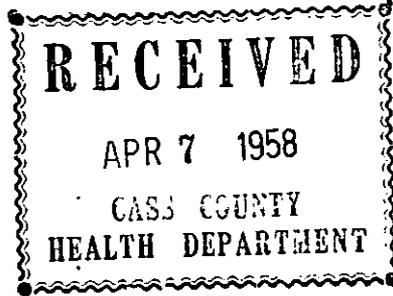
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1. PLACE OF DEATH a. COUNTY <u>Cass</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Index Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Latour,</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) <u>2 miles west Latour</u>		Length of stay in lb <u>7 years</u>	d. STREET ADDRESS (If outside, give location) <u>2 miles west Latour</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Patricia</u> Middle <u>Marie</u> Last <u>Johnson</u>			4. DATE OF DEATH Month <u>3</u> - Day <u>31</u> - Year <u>1958</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 type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 11, 1950</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</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>Harrisonville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Paul Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Marybelle Lucas</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mr. Paul Johnson - Latour, 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>Cause undetermined.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>severe Malnutrition & lack of growth</u>	DUE TO (c) <u>Mongolian Idiocy.</u>	<u>3254</u>	since birth	
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? 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.)		
20c. TIME OF INJURY Hour <u>9:45</u> Month, Day, Year <u>10-17-53</u> a.m. 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>10-17-53</u> to <u>3-31-58</u> and last saw her alive on <u>12-24-54</u> Death occurred at <u>9:45</u> <u>17</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Leburn Ellis, M.D.</u> (Degree or title)			22b. ADDRESS <u>Garden City, Mo</u>		22c. DATE SIGNED <u>4-1-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-1-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hornsby Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kingsville, Missouri</u>	
24. FUNERAL DIRECTOR <u>Atkinson-Hicks</u>		ADDRESS <u>Grand City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Apr 1, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Nora Barwood</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Part 18. All diseases in Part 1 must be causally related.



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 *Bill J. Hickey*

Licensed Embalmer No. *4685*
P. O. Address *Harden City, 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.