

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009921

STATE FILE NUMBER

MAR 23 1959

Registration District No. 155 Primary Registration District No. 4246 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper NEWTON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carl Junction		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN R 2, Seneca		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 212 Skinner St		Length of stay in lb 2 Mos.	d. STREET ADDRESS (If outside, give location) 5 Miles No. Seneca		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNA Middle MARIE Last JOHNSON			4. DATE OF DEATH Month 3 Day 6 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-7-1891	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days 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 Home	11. BIRTHPLACE (City and state or country) Crete, Nebraska		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Felix Baumgart		13b. MOTHER'S MAIDEN NAME Marie Linbeck		14. NAME OF HUSBAND OR WIFE John T. 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 John T. Johnson, Seneca, Mo. R 2 Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Liver and Gall Bladder DUE TO (b) Jaundice DUE TO (c) Duodenal Condition of Liver and Gall Bladder PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)					INTERVAL BETWEEN ONSET AND DEATH
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.) 1551			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 One Call, 3-6-1959 and last saw her alive on Death occurred at 11:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) F. J. K... G.			22b. ADDRESS Carl Junction, Mo.		22c. DATE SIGNED 3-7-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-10-1959	23c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery		23d. LOCATION (City, town, or county) Carl Junction, Mo. (State)	
24. FUNERAL DIRECTOR Don Roney, Carl Junction, Mo.			25. DATE RECD. BY LOCAL REG. 3-9-59		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I 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 *Jack C. Simpson* .....

Licensed Embalmer No. *4647* .....

P. O. Address *Webb 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.