

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019606

STATE FILE NUMBER

Registration District No. 2962 Primary Registration District No. 3043 Registrar's No. 202

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
10648			
20970			
3			
4 1			
5 3			
6			
7 0			
8 2			
9 71 X			
10			
11			
12 2-0			
13 1-0			
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Center</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>7 miles S. E. Perry</u>	
3. NAME OF DECEASED (Type or print) First <u>Irene</u> Middle <u>Lucille</u> Last <u>Johnson</u>		4. DATE OF DEATH Month <u>May</u> Day <u>16</u> Year <u>1962</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 checked="" type="checkbox"/>	8. DATE OF BIRTH <u>9-17-1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>60</u>
11. BIRTHPLACE (City and state or country) <u>Ralls Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John R. Wasson</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Crohn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Kenneth Wasson</u>		Address <u>2106 19th Street Moline, Illinois</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>Uremia, Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10wks</u> <u>19mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Epidermoid Carcinoma of Cervix</u>			
DUE TO (c) <u>Epidermoid Carcinoma of Cervix</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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>8:04</u> a.m. p.m. <u>p.m.</u> Month, Day, Year		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 COUNTY STATE	
21. I attended the deceased from <u>June 1961</u> to <u>May 16, 1962</u> and last saw her alive on <u>May 16, 1962</u> Death occurred at <u>8:04 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>James C. Steele M.D.</u>		22b. ADDRESS <u>711 Grand, Hannibal Mo.</u>	
22c. DATE SIGNED <u>5/29/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-19-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fern Chapel Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Ralls Co., Missouri</u>			
24. FUNERAL DIRECTOR <u>McLean B. Waters, Vandalia, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>June 4, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Ruche by Lillian M. Herman</u>			

VS JUN 7 1967

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 William B Waters

Licensed Embalmer No. 4196
P. O. Address Vandalia, 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.

Permit received 6/4/67