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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10253

FILED MAR 27 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6023 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY Ray

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Ray

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Knoxville c. LENGTH OF STAY (in this place) 2 years

c. CITY OR TOWN Richmond d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles South of Knoxville

e. STREET ADDRESS (If rural, give location) 2 miles north Richmond ⁰⁸⁹⁰

3. NAME OF DECEASED (Type or Print)
a. (First) CARIE b. (Middle) BELL c. (Last) JOHANSON

4. DATE OF DEATH (Month) (Day) (Year)
March 15, 1956

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH October 2, 1873

9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 6 Days 13 IF UNDER 24 HRS. 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 Housekeeping

11. BIRTHPLACE (City and State or Foreign Country) Richmond Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Baker

13b. MOTHER'S M maiden name Eliza Wance

14. NAME OF HUSBAND OR WIFE Walter Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. (If yes, give var or dates of service) none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Whitmer Lile, Rayville, Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix Uteri
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
7 months

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
1561

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 1-2-56 to 3-15-56 and that death occurred at 2:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. E. Gray M.D.

23b. ADDRESS Richmond, Mo. 65056

23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 18, 1956

24c. NAME OF CEMETERY OR CREMATORY Dockery Cemetery

24d. LOCATION (City, town, or county) (State) Dockery Missouri

DATE REC'D BY LOCAL REG. Mar 21-1956

REGISTRAR'S SIGNATURE Malcol Jackson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
QUEST-LIFE FUNERAL HOME RICHMOND MISSOURI

Mar 21

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *George Hill*
Licensed Embalmer No. 40

P. O. Address *Pittsburg*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.