

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37862**

FILED NOV 29 1955

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6222** Registrar's No. **74**

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

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 OR TOWN Richmond rural	c. LENGTH OF STAY (in this place) 1 month	c. CITY OR TOWN Camden	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Ray County Home		e. STREET ADDRESS (If rural, give location) street not listed	

3. NAME OF DECEASED (Type or Print)	a. (First) DOBA	b. (Middle) (N)	c. (Last) JOHNSON	4. DATE OF DEATH (Month) (Day) (Year) November 20, 1955
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 3, 1876	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months 1 Days 17	11. UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY House Keeping	11. BIRTHPLACE (City and State or Foreign Country) Wheatfield, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Campbell	13b. MOTHER'S MAIDEN NAME Elizabeth Dallas	14. NAME OF HUSBAND OR WIFE Peter E. Johnson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Leticia K. Davis, Camden, Missouri	ADDRESS Camden, Missouri
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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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia		INTERVAL BETWEEN ONSET AND DEATH weeks
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decubitus ulcers months		
	DUE TO (c) Strokes multiple years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive ht. disease years			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-1-55**, 19**55**, to **11-20**, 19**55**, that I last saw the deceased alive on **11-19**, 19**55**, and that death occurred at **12:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE J. K. Davault M.D. (Degree or title)	23b. ADDRESS Richmond	23c. DATE SIGNED 11-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE November 23, 1955	24c. NAME OF CEMETERY OR CREMATORY Craven Cemetery	24d. LOCATION (City, town, or county) (State) Camden, Missouri
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DATE REC'D BY LOCAL REG. Nov 24-1955	REGISTRAR'S SIGNATURE M. L. Jackson 273	25. FUNERAL DIRECTOR'S SIGNATURE WEST-LIFE FUNERAL HOME ADDRESS RICHMOND, MISSOURI
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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.....
Licensed Embalmer No. 406

P. O. Address.....

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.