

Health,
& Welfare
Public
Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 25 1957

STANDARD CERTIFICATE OF DEATH

40925
STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 5600 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural, R.#2, Warrensburg,</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Rural Simpson Two R.R.#2, Warrensburg, Mo.</u>		Include Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence, R.R.#2,</u>			Length of stay in lb <u>Life</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. No.2, Warrensburg,</u>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>LULA</u> Middle <u>COLLINS</u> Last <u>COLLINS</u>				4. DATE OF DEATH Month <u>November</u> Day <u>20</u> Year <u>1957</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 15, 1884</u>		9. AGE (In years last birthday) <u>73</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and state or country) <u>Johnson County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13. FATHER'S NAME <u>William Johnson</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Scott</u>							
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 Address <u>Mrs. H.C. Goles, Warrensburg, 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>Abens carcinoma, Cervix uteri</u>								INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>extending to intestines and liver</u>						DUE TO (c) <u>and brain. Intestinal hemorrhage.</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								171X			
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> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>											
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>Nov 13, 1954</u> to <u>II-20-57</u> and last saw <u>her</u> alive on <u>II-20-57</u> Death occurred at <u>2:25 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>M.D. Warrensburg, Missouri</u>				22c. DATE SIGNED <u>II-20-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>II-22-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery,</u>			23d. LOCATION (City, town, or county) (State) <u>North, Johnson County, Missouri</u>				
24. FUNERAL DIRECTOR ADDRESS <u>R.A. Brauntinger, Warrensburg, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Nov. 20, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Savannah Crutcherfield</u>					

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