

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020584

STATE FILE NUMBER

FILED JUN 2 1958

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 81

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Saline</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Marshall</u>                |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | c. CITY OR TOWN <u>Marshall</u> <u>0972</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                             |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Eastside city</u> |  | Length of stay in lb <u>32yr.</u>   | d. STREET ADDRESS (If outside, give location)<br><u>556 S. Lincoln</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                                  |   |   |   |   |
|--|----------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Alice</u> Middle <u>Johnson</u> Last <u>Riely</u>                      |                                  |   | 4. DATE OF DEATH<br><u>5</u> <u>27</u> <u>58</u><br>Month Day Year        |   |   |
| 5. SEX<br><u>Female</u> <u>3</u>   | 6. COLOR OR RACE<br><u>Negro</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br><u>WIDOWED</u> <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Dec. 6, 1880</u>                                   | 9. AGE (In years last birthday)<br><u>78</u>  | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>        |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Seamstress</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Pilot Grove Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |   |
| 13. FATHER'S NAME<br><u>Smith Johnson</u>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><u>Jenny....</u>                              |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |                                  | 16. SOCIAL SECURITY NO.<br><u>none</u>  | 17. INFORMANT Address<br><u>Mrs. Mary Jane Chisteen, Pilot Grove</u>      |   |   |

|  |  |  |
|--|--|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Endocarditis</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Don't know.</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>Bacterial endocarditis from foci infection of teeth, throat and Gall bladder/.</u> |  |
|  | DUE TO (c) _____   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)                          |  | 19. WAS AUTOPSY PERFORMED? <u>2</u><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|  |  |   |
|--|--|---|
| 20a. ACCIDENT <input checked="" 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<br>Hour _____ a. m. _____ p. m.<br>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 March 28, 1958 5-24-58 and last saw her alive on 5-24-58  
Death occurred at 2:30 PM. m on the date stated above; and to the best of my knowledge, from the causes stated.

|   |   |                                    |
|---|---|------------------------------------|
| 22a. SIGNATURE<br><u>Waite H. Madison, M.D.</u> (Degree or title) | 22b. ADDRESS<br><u>454 W. Marion St. Marshall, Missouri</u> | 22c. DATE SIGNED<br><u>5-28-58</u> |
|---|---|------------------------------------|

|  |  |  |   |
|--|--|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>       | 23b. DATE<br><u>5/29/58</u>                    | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Wesley Chapel Cemetery, Pilot Grove, Missouri</u> | 23d. LOCATION (City, town, or county) (State) |
| 24. FUNERAL DIRECTOR<br><u>Green Funeral Home, Marshall, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>5-29-58</u> | 26. REGISTRAR'S SIGNATURE<br><u>Cecil G. Read</u>  |   |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**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 *George H. Green* .....

Licensed Embalmer No. *422*

P. O. Address *Marshall*

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.