

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38105

State File No.

FILED DEC 8 1954

BIRTH NO.		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>5818</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MONITEAU</u>			
b. CITY OR TOWN <u>Rural - Morgan County</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>California</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0681</u>			
3. NAME OF DECEASED (Type or Print) <u>Addie</u>		a. (First) <u>Bell</u>		b. (Middle) <u>Johnson</u>		c. (Last)	
4. DATE OF DEATH		(Month) <u>Nov</u>		(Day) <u>26</u>		(Year) <u>1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 20 - 1867</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR <u>4</u> Months		IF UNDER 1 YEAR <u>6</u> Days		IF UNDER 1 YEAR <u>6</u> Hours	
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 <u>no</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>no. California</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Anderson Dodge</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Longan</u>		14. NAME OF HUSBAND OR WIFE <u>Ferde Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) <u>no</u>		(If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Luella Marten, Versailles</u>	
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) <u>Hodgkin disease (cervical)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>201 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from <u>Oct 19</u> , 19 <u>54</u> to <u>11-26</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-26</u> , 19 <u>54</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.							
23. SIGNATURE <u>J. L. Hasbun</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Versailles, Mo.</u>		23c. DATE SIGNED <u>11-27-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 28 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California</u>	
DATE REC'D BY LOCAL REG. <u>11/27/54</u>		REGISTRAR'S SIGNATURE <u>J. L. Hasbun</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u>		ADDRESS <u>California</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Hugh E. Hellman*.....

Licensed Embalmer No. *353*

P. O. Address *California*

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.