

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8899**
 BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **5581** Registrar's No. **112**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin Holman		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin North of Joplin	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural, North of Joplin			

3. NAME OF DECEASED (Type or Print) a. (First) Cornelia b. (Middle) May c. (Last) Johnston			4. DATE OF DEATH (Month) (Day) (Year) March 7, 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 6, 1867	9. AGE (In years last birthday) 81 If UNDER 1 YEAR: Months _____ Days _____ 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		11. BIRTHPLACE (State or foreign country) Nebraska	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Cornelius West		13b. MOTHER'S MAIDEN NAME Agnes Bailey		14. NAME OF HUSBAND OR WIFE Ray L. Johnston	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Earl McCalhany, Colorado Spgs, Colo.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1 month	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension			Unknown	
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2311				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) Joplin Jasper Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **2:15**, 19**49**, to **2:17**, 19**49**, that I last saw the deceased alive on **2:57**, 19**49**, and that death occurred at **1:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Archie H. Blood M.D.		23b. ADDRESS Joplin, Mo.		23c. DATE SIGNED 2/7/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-9-1949		24c. NAME OF CEMETERY OR CREMATORY Hackleman Cemetery		24d. LOCATION (City, town, or county) (State) El Dorado Springs, Mo.	
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DATE REC'D BY LOCAL REG. 3-10-49		REGISTRAR'S SIGNATURE Ed. J. James		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. J. Curran - Coachee, El Dorado Springs, Mo.	
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(Licensed Embalmer - Placement on Reverse Side)

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

James E. Backlund
Embalmer

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 _____

Student Embalmer

Signed

James E. Backlund

Licensed Embalmer No. *4533*

P. O. Address *Edwards*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.