

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35274
State File No. 8712

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newburg				
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				1. STREET ADDRESS (If rural, give location) H.H. Johnson Funeral Home				
3. NAME OF DECEASED (Type or Print) a. (First) NELLIE			b. (Middle) MAY		c. (Last) JOHNSON		4. DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 21 - 1883		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 2 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 XX		11. BIRTHPLACE (State or foreign country) Marion County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Willard Ammerman			13b. MOTHER'S MAIDEN NAME Helena McHaney		14. NAME OF HUSBAND OR WIFE Lee Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lee Johnson, Newburg, Missouri				
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) ARTERIOSCLEROTIC heart disease MYOCARDIAL INFARCTION CARDIAC FAILURE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4521	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) 93				
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Heart				
22. I hereby certify that I attended the deceased from 7 Oct. 1949 , to 10 Oct. 1949 , that I last saw the deceased alive on 9 Oct. 1949 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Walter M. Loring M.D.				23b. ADDRESS 3720 W. ...		23c. DATE SIGNED 10 Oct 49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 13, 1949	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		24d. LOCATION (City, town, or county) (State) Rolla, Phelps Missouri			
DATE REC'D BY LOCAL REG. OCT 11 1949		REGISTRAR'S SIGNATURE J. B. Lasater		FURNERAL DIRECTOR'S SIGNATURE S. B. ...		ADDRESS 508 West 8th St., Rolla, Missouri.		

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

NOV 30 1949

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. 345

working under my personal supervision.

Student Frank E. Brown
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 3297

P. O. Address Roller Inn

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