

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5495

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5799 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Madison, Monroe</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>MADISON</u>	0690
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOVA</u>	b. (Middle) <u>ANNA</u>	c. (Last) <u>JOHNSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 19 1950</u>
-------------------------------------	------------------------	-------------------------	--------------------------	---

5. SEX <u>F 3</u>	6. COLOR OR RACE <u>col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7/7/892</u>	9. AGE (In years last birthday) <u>57</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>02</u>	11. UNDER 6 WKS. Hours <u>0</u> Min.
-------------------	-----------------------------	---	---------------------------------	---	--	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Home Wife</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>Robert Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Chouteau</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Walter Johnson</u>
---	--	---

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. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Walter Johnson</u>	ADDRESS <u>Madison, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>5 wks</u>
	DUE TO (b) <u>Bronchial pneumonia</u>		<u>years</u>
DUE TO (c) <u>Chronic myocarditis</u>		<u>4222</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Jan 7, 1950, to Feb 19, 1950, that I last saw the deceased alive on Feb 17, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Turner D.O.</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Madison Mo.</u>	23c. DATE SIGNED <u>2-20-50</u>
--------------------------------------	-------------------------------	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Madison, MO</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2-23-50</u>	REGISTRAR'S SIGNATURE <u>Anna Margaret Burditt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Thompson</u>	ADDRESS <u>Madison Mo</u>
---	--	---	---------------------------

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

690

RECEIVED

FEB 27 1950

District Health Officer No. 1

District File Number 2-38-3

FEB 27 1950

Date Filed

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

Signature *Paul G. Thompson*

Licensed Embalmer No. 1420

P. O. Address *Madison, Mo*

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.