

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5452 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Missouri</u> -b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Rural Boone</u>		c. CITY OR TOWN <u>Rural Boone</u>	
c. LENGTH OF STAY (If this place) <u>99 days</u>		d. STREET ADDRESS (If rural, give location) <u>Ash Grove R#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ash Grove R#1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Leota</u>	b. (Middle) <u>Matilda</u>	c. (Last) <u>JOHNSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 23, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 15, 1875</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thomas Young</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Kellingsworth</u>	14. NAME OF HUSBAND OR WIFE <u>B. O. Johnson</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. Statten</u>	ADDRESS <u>Ash Grove Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH  <u>4201</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Arterio Sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
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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?
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22. I hereby certify that I attended the deceased from Nov. 15, 1949, to 9-23, 1950, that I last saw the deceased alive on 9/23, 1950, and that death occurred at 6:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. F. Statten</u>	23b. ADDRESS <u>Ash Grove Mo.</u>	23c. DATE SIGNED <u>9-25-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-25-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ash Grove Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/7/50</u>	REGISTRAR'S SIGNATURE <u>Jane H. Wilson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Service</u>	ADDRESS <u>Ash Grove Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Greene County Health Office,

County File Number 50-10-50

U. S. File # 10-13-50

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 William D. Hobbs \_\_\_\_\_

Licensed Embalmer No. 4005

P. O. Address Old Mansfield

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.