

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13004

FILED APR 18 1951

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 85

0493
0

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>532 Ozark Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stone Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude</u>		b. (Middle) <u>Mae</u>	
c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1951</u>	
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>May 12, 1883</u>	
9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Days <u>10</u> Hours <u>27</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	
11. BIRTHPLACE (State or foreign country) <u>Lamar, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>S.</u>	
13a. FATHER'S NAME <u>Garland Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Auffill</u>	
14. NAME OF HUSBAND OR WIFE <u>John Henry Johnson</u>			
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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Dr. J. H. Johnson</u>		ADDRESS <u>532 Ozark, Joplin 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart block</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Angina Pectoralis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Hypertension</u> Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH. <u>1 mo.</u>		_____ <u>6 mo.</u>	
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) _____			
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 <u>April 9, 1951</u> , to <u>April 10, 1951</u> , that I last saw the deceased alive on <u>April 10, 1951</u> , and that death occurred at <u>1:45 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Albert B. Wheeler MD</u>		23b. ADDRESS <u>Carthage Mo</u>	
23c. DATE SIGNED <u>4-10-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 12-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-12-51</u>		REGISTRAR'S SIGNATURE <u>Albert B. Wheeler</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon.</u>		ADDRESS <u>Joplin, Missouri</u>	

RECEIVED 4-17-51

Jasper County Health Office

County File Number 5104-326

Date Filed 4-17-51

APR 25 1951

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

working under my personal supervision.

Student Embalmer No.....

Signed

Robert H. Knell

Signed.....

Student Embalmer

Licensed Embalmer No. 4459

P. O. Address Carthage

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.