

13153

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 16 1951

 BIRTH NO. _____ REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 4276 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City Mo</u>		c. LENGTH OF STAY (in this place) <u>36 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City Mo</u>		0550
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>11 East Washington Ave</u>			d. STREET ADDRESS (If rural, give location) <u>11 East Washington Ave</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>PARALEE</u> b. (Middle) _____ c. (Last) <u>JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 5, 1951</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 10, 1867</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>25</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
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	11. BIRTHPLACE (State or foreign country) <u>Lawrence County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Thomas Stibbing</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Dumatat</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas 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 ADDRESS <u>Charles T. Johnson, Pine Side, Chicago</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Chronic Myocarditis</u>				
	11. 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 <u>4221</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 May 10, 1949 to April 5, 1951, that I last saw the deceased alive on April 4, 1951, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles A. Spears, M.D.</u> (Degree or title)		23b. ADDRESS <u>Pierce City Mo</u>		23c. DATE SIGNED <u>April 6, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 9, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pine Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-7-51</u>	REGISTRAR'S SIGNATURE <u>J. M. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Brown, Pierce City Mo</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

S. No. 300
v. 10.48

0550

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 9 1951

Dist. File 437-288

Date Filed 4-10-51

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, copy

Edwin J. Wilks

working under my personal supervision.

Student Embalmer No.

Signed

Edwin J. Wilks

Signed.....
Student Embalmer

Licensed Embalmer No. 4131

P. O. Address Greene City 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.