

FILED MAY 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15986

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5295 Registrar's No. 21

250
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1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Concord - Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON, 0231</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>QUINN HOME</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>CLARA JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 12 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>JULY 22-1868</u>	9. AGE (If years last birthday) <u>86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Cardwell Co. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>ROBERT JOHNSON</u>	13b. MOTHER'S MAIDEN NAME <u>ELNORA JONES</u>	14. NAME OF HUSBAND OR WIFE _____
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>Charley Jones</u> ADDRESS <u>CAMERON, MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		<u>Coronary aed</u>		<u>1 hr.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>? yrs.</u>
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4200</u>

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION _____	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, 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 4-26, 1951 to 5-11-51, 1951, that I last saw the deceased alive on 4-26, 1951, and that death occurred at 2:11 P.M. on 5-11-51, from the causes and on the date stated above.

23a. SIGNATURE <u>A. Luckenbill, MD</u>	23b. ADDRESS <u>Plattburg, Mo</u>	23c. DATE SIGNED <u>5-16-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/15/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CAMERON, MO.</u>
DATE REC'D BY LOCAL REG. <u>May 16, 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Scarce</u>	441	25. FUNERAL DIRECTOR'S SIGNATURE <u>DeMoss CRUNK</u> ADDRESS <u>CAMERON, MO</u>

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

