

FILED JUN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19758

State File No. _____

Registrar's No. 77

272

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. LENGTH OF STAY (In this place) 1 Hour.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boonville Medical Group		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville 0292	
3. NAME OF DECEASED (Type or Print) a. (First) Mabel b. (Middle) Sparks c. (Last) Johnson		d. STREET ADDRESS (If rural, give location) 421 1/2 Main St. 0	
4. DATE OF DEATH June 19 1951		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 10 1886		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	
11. BIRTHPLACE (State or foreign country) Avalon, Missouri, 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charlie Sparks		13b. MOTHER'S MAIDEN NAME Agnes Rice	
14. NAME OF HUSBAND OR WIFE A. W. Johnson.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Charles Tripplett, Boonville, Missouri	
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) Acute myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease 6 years DUE TO (c) Hypertensive cardiovascular disease 6 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation 2 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4/200	
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 April 13, 1950, to June 19, 1951, that I last saw the deceased alive on June 19, 1951, and that death occurred at 2:10 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) O. Huberman M.D.		23b. ADDRESS Boonville, Mo.	
23c. DATE SIGNED 6-21-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 22 nd 1951		24c. NAME OF CEMETERY OR CREMATORY Maple Grove	
24d. LOCATION (City, town, or county) (State) Trenton, Missouri		DATE REC'D BY LOCAL REG. 6-21-51	
REGISTRAR'S SIGNATURE D. Cooper \$81		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Missouri.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-25-51

6-21-51

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, or by _____

working under my personal supervision.

Student Embalmer No. _____

Signed *G. F. Deller*

Signed _____
Student Embalmer

Licensed Embalmer No. *3062*

P. O. Address *Boonville, 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.