

FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2134

BIRTH NO.		REG. DIST. NO. <u>244</u>	PRIMARY REG. DIST. NO. <u>2834</u>	Registrar's No. <u>1</u>
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DIAMOND</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DIAMOND</u> <u>0730</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location). <u>Gen Del</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORA</u>		b. (Middle) <u>A</u>		c. (Last) <u>JOHNSON</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 28 1952</u>		5. SEX <u>FEMALE</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 20-1870</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>ARK</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES Gooding</u>
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>T. G. Johnson</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>Cardiovascular hypertension & arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <u>442X</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 <u>Jan 21, 1952</u> to <u>Jan 28, 1952</u> , that I last saw the deceased alive on <u>Jan 25, 1952</u> , and that death occurred at <u>3:45 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Charles Chester</u>		23b. ADDRESS <u>Granby, Mo.</u>		23c. DATE SIGNED <u>1-29-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dice</u>
24d. LOCATION (City, town, or county) (State) <u>FAIRVIEW MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK-BIGGAM</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 29-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Allie Parnell</u>		ADDRESS <u>Neosho</u>

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

RECEIVED

District Health Officer No. 15-2-1018

District File Number _____

Date Filed FEB 11 1952

NEOSHO, MISSOURI

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.....
Student Embalmer

Signed Jesse Dullin

Licensed Embalmer No. 4646

P. O. Address Neosho, 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.