

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3753

FILED JAN 30 1952

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Kernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Washington Sup.</u>		c. LENGTH OF STAY (in this place) <u>0-0-2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>0396</u>	
		d. STREET ADDRESS (If rural, give location) <u>978 So. Kellerton</u>	

3. NAME OF DECEASED (Type or Print) <u>Charlotte M. Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-24-52</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>9-27-1911</u>		9. AGE (In years last birthday) <u>40</u> if UNDER 1 YEAR: Months <u>3</u> Days <u>27</u> if UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <u>Lanawa Java</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Perry O. Gremble</u>		13b. MOTHER'S MAIDEN NAME <u>Loretta Connor</u>	
14. NAME OF HUSBAND OR WIFE <u>Edw. J. Johnson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edw. J. Johnson</u>		17. ADDRESS <u>978 So. Kellerton Springfield</u>		18. INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation by Hanging</u>		DUE TO (b) <u>Suicide by</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Mental Derangement</u>			
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>E974X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Suicide</u>		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) (Minute) —		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 1-23-1952, to 1-24-1952, that I last saw the deceased alive on 1-24-1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter D. Thurman Coroner</u>		23b. ADDRESS <u>Nevada Missouri</u>		23c. DATE SIGNED <u>1-24-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-24-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	
24d. LOCATION (City, town, or county) (State) <u>Herrinbaldt, Iowa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Hoy</u>		ADDRESS <u>Nevada Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-24-1952</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		451	

(Licensed Embalmer's Statement on Reverse Side)

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

1892

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.