

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4298

State File No.

FILED MAR 8 1952

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 4118 Registrar's No. 34

0220

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

1. PLACE OF DEATH a. COUNTY <u>Christian Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Christian Co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sparta Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sparta Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sparta Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Sparta Mo</u>	

3. NAME OF DECEASED (Type or Print) <u>Elnora</u>	a. (First)	b. (Middle)	c. (Last) <u>Johnson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb I 1952</u>
---	------------	-------------	--------------------------	---

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar I, 1977</u>	9. AGE (In years last birthday) <u>75</u>	10 UNDER 1 YEAR Months _____ Days _____	10 OVER 1 YEAR Hours _____ Min. _____
-----------------	---------------------------	---	-------------------------------------	---	---	---------------------------------------

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 _____	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Wm Abbott</u>	13b. MOTHER'S MAIDEN NAME <u>Not Known</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Roger Johnson</u> ADDRESS <u>Sparta, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vascular Hypertension</u> DUE TO (c) <u>Arteriosclerosis</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 _____	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) <u>4201</u>
--	--	---

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 Jan 29, 1951, to Feb 1, 1952, that I last saw the deceased alive on Jan 31, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Harold W. Nelson</u> (Degree or title)	23b. ADDRESS <u>Sparta, Mo.</u>	23c. DATE SIGNED <u>Feb 11 52</u>
--	---------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 3, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Christian Co Mo</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Mar 7 1952</u>	REGISTRAR'S SIGNATURE <u>John Blivins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chapman</u> ADDRESS <u>Clark Mo.</u>
--	---	--

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

F. B. Chaffin

Signed.....
Student Embalmer

Licensed Embalmer No. *2192*

P. O. Address *Ozark 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.