S. No. 300
v. 10-48

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI DR. Wolfred Johnson

STANDARD CERTIFICATE OF DEATH

State File No. 4646

0396
#0

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 123

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SPRINGFIELD
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOHN. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SPRINGFIELD 0396
d. STREET ADDRESS (If rural, give location) 638 MT. VERNON 0

3. NAME OF DECEASED (Type or Print)
a. (First) DOROTHY
b. (Middle) SIMMONS
c. (Last) MARSHALL

4. DATE OF DEATH (Month) (Day) (Year) FEB. 9, 1952

5. SEX FEMALE 1
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3
8. DATE OF BIRTH JAN. 10 1885
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) HARRISON, ARKANSAS 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME CAPS
13b. MOTHER'S MAIDEN NAME GREEN
14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME LESTER SIMMONS ADDRESS SPRINGFIELD, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
DUE TO (b) Acute pericarditis — 23 Days
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
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-18, 1952, *to* 2-9, 1952, *that I last saw the deceased alive on* 2-9, 1952, *and that death occurred at* 1:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Wanford B. Johnson MD (Degree or title)
23b. ADDRESS Med. Arts Bldg. Springfield, Mo
23c. DATE SIGNED 2-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 11
24b. DATE 2/12/52
24c. NAME OF CEMETERY OR CREMATORY Greenlawn
24d. LOCATION (City, town, or county) Springfield, Mo. (State)

DATE REC'D BY LOCAL REG. 2/11/52
REGISTRAR'S SIGNATURE James N Amos, MD Mr Ed
25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER ADDRESS SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Signed _____
Student Embalmer

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.