No. 300
10-48

FILED APR 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11790

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Wash twp
c. LENGTH OF STAY (in this place) 1 mo 17d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lebanon 05-32
d. STREET ADDRESS (If rural, give location) ✓ 1

3. NAME OF DECEASED (Type or Print) a. (First) SARA JOHNSON b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) 3-22-52

5. SEX F 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid
8. DATE OF BIRTH 4-21-65
9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months 11 Days 1 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Mo
12. CITIZEN OF WHAT COUNTRY? Mid

13a. FATHER'S NAME George Elmore
13b. MOTHER'S MAIDEN NAME Mary ?
14. NAME OF HUSBAND OR WIFE Wid

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

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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile deterioration
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 4200
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* 2-5-1952 *to* 3-22-1952 *that I last saw the deceased alive on* 3-22, 1952 *and that death occurred at* 3 p m., *from the causes and on the date stated above.*

23a. SIGNATURE R. G. Hall (Degree or title) MD
23b. ADDRESS Nevada Mo
23c. DATE SIGNED 3-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-25-52
24c. NAME OF CEMETERY OR CREMATORY State Hospital Cemetery
24d. LOCATION (City, town, or county) (State) Near Nevada, Vernon, Mo.

DATE REC'D BY LOCAL REG. 3-25-1952
REGISTRAR'S SIGNATURE Anna E. Ferry 45
25. FUNERAL DIRECTOR'S SIGNATURE Allen V. Hays ADDRESS Nevada, 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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Allen V. Hargo

Licensed Embalmer No. 7968

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.