

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2393**

FILED JAN 12 1953

BIRTH NO. _____ REG. DIST. NO. **255** PRIMARY REG. DIST. NO. **5877** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY OREGON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY OREGON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ALTON (Piney)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ALTON 0750	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) NORMA	b. (Middle) FAY	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year)	1 1 '53
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0	8. DATE OF BIRTH 10-1-1949	9. AGE (In years last birthday)	3 3 -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) OREGON, COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME L. Eshie Johnson	13b. MOTHER'S MAIDEN NAME BETH'S	14. NAME OF HUSBAND OR WIFE
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 Nash Gudruny ADDRESS Alton, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure caused by		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 4 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aspirin		
	DUE TO (c) Saw her after death		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		241X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Alton, Mo.	23c. DATE SIGNED 1-2-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-2-1953	24c. NAME OF CEMETERY OR CREMATORY CAVE SPRINGS CEMETARY
24d. LOCATION (City, town, or county) (State) ALTON MO.		

DATE REC'D BY LOCAL REG. Jan 10 - 53	REGISTRAR'S SIGNATURE Mrs W Johnson 233-0	25. FUNERAL DIRECTOR'S SIGNATURE John J. Peary ADDRESS Alton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

750
1

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 John D. Clay
Licensed Embalmer No. 4475

P. O. Address Box 398, Altam, 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.