S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 28 1953

State File No. 15278

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 5969 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dunnegan Campbell Twp
c. LENGTH OF STAY (In this place): 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1½ Mi. South of Dunnegan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk 840
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dunnegan - Campbell Twp.
d. STREET ADDRESS (If rural, give location): 1½ Mi. South of Dunnegan

3. NAME OF DECEASED (Type or Print): a. (First) Della b. (Middle) Mae c. (Last) Johnson

4. DATE OF DEATH (Month) Mar (Day) 31 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 19 1899

9. AGE (In years last birthday): 53 — If under 1 year: Months 10, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (City and State or Foreign Country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ed Truett

13b. MOTHER'S MAIDEN NAME: Mary Osley

14. NAME OF HUSBAND OR WIFE: Claude Johnson

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.: None

17. INFORMANT'S SIGNATURE OR NAME: Claude Johnson — **ADDRESS**: Dunnegan Rt 2

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — 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) Stroke by Paraplegia

DUE TO (c) High Blood Pressure

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: 334 X

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* March 4 *19*53*, to* March 31 *19*53 *that I last saw the deceased alive on* March 31 *19*53 *and that death occurred at* 12:04 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. R. Easton **(Degree or title)**: MD

23b. ADDRESS: Hearnbleau Mo

23c. DATE SIGNED: April 6 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 9 / 53

24c. NAME OF CEMETERY OR CREMATORY: Lindley Grove Cemetery

24d. LOCATION (City, town, or county) (State): Near Bear Creek Mo

DATE FILED BY LOCAL REGISTRAR: Received April 22 1953

REGISTRAR'S SIGNATURE: Ralph Barbanger Jr. Deputy 258

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Ervin & Blue Bolivar

(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 Oby Kuster

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.