No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 26 1953

State File No. 18810

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5832 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- East Benton twp.
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 miles NE Goodman, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- East Benton twp. 0730
d. STREET ADDRESS (If rural, give location): 6 Miles NE Goodman, Mo. 0

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

4. DATE OF DEATH (Month) (Day) (Year): May 3, 1953

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: April 17, 1886

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Llano County, Texas 1

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Arnold

13b. MOTHER'S MAIDEN NAME: Frances Benett

14. NAME OF HUSBAND OR WIFE: John C. Johnson

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.: none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. E. E. Bussey, Goodman, Missouri

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) Anoxemia — 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) Exhustion of Respiratory Musculature

DUE TO (c) Cerebral bleeding

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: 331X

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* April 1, 1953, *to* May 3, 1953, *that I last saw the deceased alive on* May 3, 1953, *and that death occurred at* 10:10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold C. Ward, D.B.V.

23b. ADDRESS: Goodman, Mo

23c. DATE SIGNED: May 4 1953

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

24b. DATE: May 4, 1953

24c. NAME OF CEMETERY OR CREMATORY: Howard Cemetery

24d. LOCATION (City, town, or county) (State): Goodman, Missouri

DATE REC'D BY LOCAL REG.: May 13 1953

REGISTRAR'S SIGNATURE: Alphe Dyer

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: John B. Robinson, Goodman, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 553-106

District File

Date Filed 2/18/53

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

JUL 1 1953

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 B. Pabinian

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.