

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31652**

No. 300
10.48

ED SEP 28 1953

BIRTH NO. REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 41

470
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>IRON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILL</u> b. COUNTY <u>PERRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DuQUOIN</u>	
c. LENGTH OF STAY (in this place) <u>16 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>8/20</u> <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FRONTON HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>STELLA</u> c. (Last) <u>JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 13 1953</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>7-25-1886</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR: Days <u>2</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>LINCOLN NEBRASKA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JAMES HARPER</u>		13b. MOTHER'S MAIDEN NAME <u>MITALDA SCIBRAUS</u>		14. NAME OF HUSBAND OR WIFE <u>CLAUDE F. JOHNSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Claude F. Johnson Bismarck, MO.</u>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					<u>2 yrs.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		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 <u>331 X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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	
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22. I hereby certify that I attended the deceased from Sept 1951, to Sept 13, 1953, that I last saw the deceased alive on Sept 12, 1953, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

22a. SIGNATURE <u>H. V. Gale MD.</u> (Degree or title)		22b. ADDRESS <u>Bismarck, MO.</u>		22c. DATE SIGNED <u>9-14-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>9-13-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET MEMORIAL</u>		24d. LOCATION (City, town, or county) (State) <u>DuQUOIN ILL.</u>	
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DATE REC'D BY LOCAL REG. <u>9-24-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> ¹²⁸		25. FUNERAL DIRECTOR'S SIGNATURE <u>SHIPAN Y. SONS FUN'DIR'S</u>		ADDRESS <u>Bismarck MO.</u>	
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SEP 20 1950

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 N. Shipman
Licensed Embalmer No. 4881

P. O. Address Bismarck, N.D.

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.