

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36365**

FILED OCT 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>149</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>19 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		0532 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>				d. STREET ADDRESS (If rural, give location) <u>374 Harrison</u>			
3. NAME OF DECEASED a. (First) <u>Martha</u> b. (Middle) <u>J</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13, 1953</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 13, 1868</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>-</u> Hours <u>-</u> Mins. <u>-</u>	IF UNDER 1 YEAR Hours <u>-</u> Mins. <u>-</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>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jate Bowman</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Edwards</u>		14. NAME OF HUSBAND OR WIFE <u>John M. Johnson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bess Appling</u> ADDRESS <u>Lebanon, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Fracture Right femur</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> <u>19 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E9030</u> <u>20</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lebanon 053 Laclede Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 26 53 12³⁰ PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell while walking across floor.</u>			
22. I hereby certify that I attended the deceased from <u>9-26-1953</u> , to <u>10-13, 1953</u> , that I last saw the deceased alive on <u>10-13-1953</u> , and that death occurred at <u>2:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. E. Kanel, O. M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>10-15-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/17/53</u>		24c. NAME OF CEMETERY OR OREMATORY <u>Whitson Cemetery near Oakland Mo.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>10-17-1953</u>		REGISTRAR'S SIGNATURE <u>Stella L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Holman</u> ADDRESS <u>Lebanon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Received OCT 24 1953
Laclede County Health L.
File No. 10-53-156
Date Filed OCT 27 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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.