

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5358**

FILED MAR 25 1954

BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5767** Registrar's No. **16-15**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy Rural		c. CITY OR TOWN Winfield	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Co. Hospital		e. STREET ADDRESS (If rural, give location) 0570	

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) Bertha	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) 3 8 1954
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 23 1881	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months 73	11. UNDER 1 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Stremmel	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Husband deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Chas. S Webster	ADDRESS Winfield Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Congestive Heart Failure		
DUE TO (c) _____		3 wks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		① Obesity and to endocrine disease ② Benign essential hypertension	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION ③ Osteoarthritis ④ Partial Blindness 4/20/1	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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 **Nov 18, 1952**, to **March 8, 1954**, that I last saw the deceased alive on **MAR 04 9, 1954**, and that death occurred at **10:40 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Norman K. Muschany M.D. (Degree or title) 0	23b. ADDRESS Troy, Mo	23c. DATE SIGNED March 8, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-11-54	24c. NAME OF CEMETERY OR CREMATORY Highland Church	24d. LOCATION (City, town, or county) (State) Ethlyn Mo.
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DATE REC'D BY LOCAL REG. 3-13-54	REGISTRAR'S SIGNATURE Emma D. Riddle '62	25. FUNERAL DIRECTOR'S SIGNATURE Ed Keith	ADDRESS O'Fallon Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16-13-1954

MAR 24 1937

STATE

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.....
Signature of Student Embalmer

Signed..... *E. Keithly*

Licensed Embalmer No. *87*

P. O. Address *Dallas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.