

FILED OCT 13 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>WEBB CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>WEBB CITY</b>	
c. LENGTH OF STAY (in this place) <b>50YRS</b>		d. STREET ADDRESS (If rural, give location) <b>838 NORTH PROSPECT</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>838 NORTH PROSPECT</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LILA</b> b. (Middle) <b>E.</b> c. (Last) <b>JOHNSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCTOBER 4, 1954</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>OCTOBER 13, 1893</b>		9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR: Months <b>11</b> Days <b>21</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (State or foreign country) <b>ORONOGO, MISSOURI</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>JAMES T. FETTERS</b>		13b. MOTHER'S MAIDEN NAME <b>NORA WELLS</b>		14. NAME OF HUSBAND OR WIFE <b>WILBORN JOHNSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If Yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>440851</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MR. WILBORN JOHNSON</b> ADDRESS <b>WEBB CITY, MISSOURI</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory Failure (Cor Pulmonale)</b>		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) <b>Chronic Pulmonary Emphysema and Mitral Stenosis</b> DUE TO (c) <b>Inactive Rheumatic Fever</b>		
		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		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) <b>416 X</b>	
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?	

22. I hereby certify that I attended the deceased from 2-13, 1954, to 10-4, 1954, that I last saw the deceased alive on 10-4, 1954, and that death occurred at 10:30A. m., from the causes and on the date stated above.

23a. SIGNATURE <b>A. Gregory</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>624 N. Broadway, Webb City, Mo.</b>		23c. DATE SIGNED <b>10/4/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCTOBER 6, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MOUNT HOPE CEMETERY</b>	
		24d. LOCATION (City, town, or county) (State) <b>WEBB CITY, MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>10-6-54</b>		REGISTRAR'S SIGNATURE <b>Max Madeline Switzer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>HEDGE LEWIS FUNERAL HOME</b> ADDRESS <b>WEBB CITY, MO.</b>	

(Licensed Embalmer, Statement on Reverse Side)

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

0492

1955 7 NRP

RECEIVED OCT 11 1954  
Jasper County Health Office  
County File Number 54-10-8  
Date Filed OCT 11 1954

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 *Richard Gray Lewis*

Licensed Embalmer No. *24413*

P. O. Address *Webb City, 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.