

FILED JAN 4 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41597

State File No. _____

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>176</u> | | PRIMARY REG. DIST. NO. <u>5656</u> | | Registrar's No. <u>17</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> | | | |
| b. CITY OR TOWN <u>Milker R.R.</u> | | c. LENGTH OF STAY (in this place) <u>Native</u> | | c. CITY OR TOWN <u>Milker</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence (Clark)</u> | | | | No. STREET ADDRESS (If rural, give location) <u>R.F.D. # 1 Clark 0550</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> | | | b. (Middle) _____ | | | c. (Last) <u>Johnson</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>12-12-1954</u> | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u> | |
| 8. DATE OF BIRTH <u>3-28-1893</u> | | 9. AGE (In years last birthday) <u>70</u> | | IF UNDER 1 YEAR Months <u>8</u> Days <u>14</u> | | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ | | 10b. KIND OF BUSINESS OR INDUSTRY <u>house wife</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>Native</u> | |
| 13a. FATHER'S NAME <u>John M. Cahhison</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Martha M. Mason</u> | | | 14. NAME OF HUSBAND OR WIFE (Deceased) <u>Bob</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Johnson</u> | | ADDRESS <u>Clark home 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>Death sudden most likely</u> ANTECEDENT CAUSES <u>Corinary Thrombosis</u> Morbidity 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. <u>apoplectic stroke 2 years previous</u> | | | | INTERVAL BETWEEN ONSET AND 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) _____ | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. | |
| 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 <u>May</u> , 19 <u>52</u> , to <u>Jan</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Sept</u> , 19 <u>54</u> , and that death occurred at <u>12:30 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>L. J. Hoelmer M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Milker Mo.</u> | | 23c. DATE SIGNED <u>12-14-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-14-1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Misener</u> | | 24d. LOCATION (City, town, or county) (State) <u>East of Milker Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>12-20-54</u> | | REGISTRAR'S SIGNATURE <u>W. S. Burrey</u> | | 158 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Lewman</u> ADDRESS <u>Milker Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

550
1

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. R. Leimon*.....

Licensed Embalmer No. *329*.....

P. O. Address *Miller*.....

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.