

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7917**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **5470** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Grundy</b>	
b. CITY OR TOWN <b>Osgood Myer</b>	c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY OR TOWN <b>Osgood Rural</b>	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 <b>5 miles West of Osgood</b>		e. STREET ADDRESS (If rural, give location) <b>Myer Prop. 0409</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>RUTH</b> b. (Middle) <b>ADELIA</b> c. (Last) <b>JOHNSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-21-1955</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>2-2-1894</b>	9. AGE (In years last birthday) <b>61</b>	10. CITIZEN OF WHAT COUNTRY? <b>USA</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		11. BIRTHPLACE (City and State or Foreign Country) <b>Osgood Mo Rural</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>W. R. Berry</b>		13b. MOTHER'S MAIDEN NAME <b>Albetta Clark</b>		14. NAME OF HUSBAND OR WIFE <b>Vernie Johnson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Vernie Johnson Osgood Mo</b>	

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		<b>Instant</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>decompensation of heart</b> DUE TO (c) <b>Myocarditis</b>		<b>1-2 years</b> <b>10 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Rheumatoid arthritis</b>		<b>15 years</b>	

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>4201</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 **July**, 19**54**, to **March 21 1955**, that I last saw the deceased alive on **Jan**, 19**55**, and that death occurred at **5:50 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. Eitel</b> (Degree or title) <b>D</b>		23b. ADDRESS <b>Galt Mo</b>		23c. DATE SIGNED <b>3/23/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>3-25-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Berry Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Galt Mo</b>	
DATE REC'D BY LOCAL REG. <b>2/25/55</b>	REGISTRAR'S SIGNATURE <b>Jane Zair</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>P. A. Paynter</b>	ADDRESS <b>Galt Mo</b>	

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

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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 *PK Payne Jr*.....

Licensed Embalmer No. *340*.....

P. O. Address *Galt*.....

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.