

FILED MAY 10 1955

STANDARD CERTIFICATE OF DEATH

State File No. 12472

530

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lebanon T. S.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lebanon T. S. 0530	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lebanon Rt. 3		d. STREET ADDRESS (If rural, give location) Lebanon Rt. 3	
3. NAME OF DECEASED a. (First) Martha b. (Middle) Rebecca c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) May 4 1955
5. SEX F	6. COLOR OR RACE W	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 4 1888
9. AGE (in years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	11. BIRTHPLACE (State or foreign country) Laclede Co. Mo. 0
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME J. B. Vermillion		13b. MOTHER'S MAIDEN NAME Rachel Hough	14. NAME OF HUSBAND OR WIFE Van Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Van Johnson Lebanon Mo.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation Antecedent Causes: 2 Heart Failure Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Bronchiectasis Bilateral II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Right Ventricular Hypertrophy	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 526X
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)		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 March 1955 to 5-4 1955, that I last saw the deceased alive on 5-4 1955, and that death occurred at 8:45 a.m., from the causes and on the date stated above.			
23a. SIGNATURE J. B. Summers, M.D. (Degree or title)		23b. ADDRESS Lebanon Mo.	23c. DATE SIGNED 5-5-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/6/55	24c. NAME OF CEMETERY OR CREMATORY Lebanon	24d. LOCATION (City, town, or county) (State) Lebanon Mo.
DATE REC'D BY LOCAL REG. 5-5-1955	REGISTRAR'S SIGNATURE Stella L. Gray	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. R. Palmer Lebanon Mo.	

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

Received 5-9-55
Laclede County Health Unit
File No. 12
Date Filed 5-9-55

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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Stanton 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.