

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

43124

FILED DEC 29 1955

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>6096</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>SCHUYLER</u>			
b. CITY OR TOWN <u>Glenwood-rural</u>		c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY OR TOWN <u>Glenwood</u>		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 <u>At Home</u>				e. STREET ADDRESS (If rural, give location) <u>Rural near Glenwood</u>			
3. NAME OF DECEASED (Type or Print) <u>Lydia Ann Johnson</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>JOHNSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17 1955</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 10 1885</u>	
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>3</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Schuyler Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>					
13a. FATHER'S NAME <u>Edmond Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Brower</u>		14. NAME OF HUSBAND OR WIFE <u>Burneth Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Florence Johnson</u> ADDRESS <u>Glenwood 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>Cerebral thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis & post-cerebral thrombotic syndrome</u>				years <u>years</u>			
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332x</u>							
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) _____		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>10-16</u> , 19 <u>54</u> , to <u>Dec. 17</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-10</u> , 19 <u>55</u> , and that death occurred at <u>12:35A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M.C. Stokes</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>Tancred, Mo.</u>		23c. DATE SIGNED <u>12-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 18-55</u>		24c. NAME OF CEMETERY OR GREGATORY <u>P.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Glenwood Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 18, 55</u>		REGISTRAR'S SIGNATURE <u>Charles R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morehead Norman</u> ADDRESS <u>Tancred</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Nova E. Foster*.....

Licensed Embalmer No. *47*.....

P. O. Address *Fukuoka*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.