

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19273**

BIRTH NO. _____ REG. DIST. NO. **325** PRIMARY REG. DIST. NO. **4479** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Schuyler	
b. CITY OR TOWN Queen City		c. CITY OR TOWN Queen City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 yrs		e. STREET ADDRESS (If rural, give location) 0980	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) ALThA WENORA JOHNSON	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH May 15 1956
				(Month) (Day) (Year)

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar 12 1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR (Month)	IF UNDER 1 DAY (Hours)	IF UNDER 24 HRS. (Mins.)
----------------------	-------------------------------	---	-------------------------------------	---	-------------------------	------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Linn County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	--	--

13a. FATHER'S NAME William Farris	13b. MOTHER'S MAIDEN NAME Priscilla Green	14. NAME OF HUSBAND OR WIFE Elizabeth Johnson
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Esther Johnson	ADDRESS Evansdale
--	-------------------------	--	--------------------------

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) Myocardial Failure		1 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Ischemia 24 hrs DUE TO (c) Cardiac Hypertension 5 yrs		5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia			5 yrs

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 **8/23 1950**, to **5/15 1956**, that I last saw the deceased alive on **5/15 1956**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Edward M. Roberts	(Degree or title)	23b. ADDRESS Queen City, Mo.	23c. DATE SIGNED 5/16/56
---	-------------------	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 18 '56	24c. NAME OF CEMETERY OR CREMATORY Queen City Cemetery	24d. LOCATION (City, town, or county) (State) Queen City Missouri
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. May 18 1956	REGISTRAR'S SIGNATURE Edward M. Roberts	25. FUNERAL DIRECTOR'S SIGNATURE Dooley	ADDRESS Funeral Home Queen City
---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 7 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jack H. Dooly*

Licensed Embalmer No. 461

P. O. Address *Queen City*

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