

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33398

State File No.

FILED NOV 1 - 1956

BIRTH NO. _____ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 4106 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Jerico Spg.</u>	c. LENGTH OF STAY (In this place) <u>50</u>	c. CITY OR TOWN <u>Jerico Spg.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0200</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MATTIE</u>	b. (Middle) <u>- E -</u>	c. (Last) <u>JOHNSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-22-1956</u>
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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>7-7-1874</u>	9. AGE (In years last birthday) (If under 1 year) (Month) (Day) (Hour) (Min.) <u>82 3 15</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jerico Spg. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOHN-BARER</u>	13b. MOTHER'S MAIDEN NAME <u>RUTH-CRISP</u>	14. NAME OF HUSBAND OR WIFE <u>J. D. Johnson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. D. Johnson</u>	ADDRESS <u>Jerico Spg.</u>
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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 <u>48 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerotic hypertension</u> <u>yes</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-23, 1956, to 10-22, 1956, that I last saw the deceased alive on 10-24, 1956, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm B Richter M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Stockton One</u>	23c. DATE SIGNED <u>10-26-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-24-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Arva Cedar</u>	24d. LOCATION (City, town, or county) (State) <u>2 S.E. Jerico Spg. Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-31-56</u>	REGISTRAR'S SIGNATURE <u>Norma Timmerman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm P Long</u>	ADDRESS <u>Jerico Spg. Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

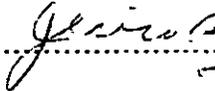
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No. 371

P. O. Address.....


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.