

FILED DEC 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37411**
 BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **357**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo.	
c. LENGTH OF STAY (in this place) 3 yrs		d. STREET ADDRESS (If rural, give location) 601 E Capitol Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 611 E. Capitol Ave.		0264	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) _____ c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) DEC. 10, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 17, 1894
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR 0 Months 23 Days IF UNDER 24 HRS. 0 Hours 0 Min.	
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 (State or foreign country) Lincoln, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles a Hislop		13b. MOTHER'S MAIDEN NAME Minnie Rees	
14. NAME OF HUSBAND OR WIFE Robert Johnson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME C. Fred Johnson ADDRESS J C, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio Vascular Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4221	
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? _____		22. I hereby certify that I attended the deceased from Nov. 1954 , to Dec. 10, 1956 , that I last saw the deceased alive on Dec. 8, 1956 , and that death occurred at 9:30 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE L. B. Klebla M.D. (Degree or title)		23b. ADDRESS Jefferson City, Mo.	
23c. DATE SIGNED 12-11-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 12/12/56		24c. NAME OF CEMETERY OR CREMATORY Maple Grove	
24d. LOCATION (City, town, or county) (State) Boonville, Ind.		25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Sells ADDRESS J. C. Mo.	
DATE REC'D BY LOCAL REG. 11 Dec 1956		REGISTRAR'S SIGNATURE R. P. Norris M.D. M.R.	

(Licensed Embalmer's Statement of Reverse Side)

DEC 13 1958

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.

Signed.....

Sybilster Dulle

Licensed Embalmer No.

4321

Signed.....
Student Embalmer

P. O. Address.....

Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.