Health, Welfare Public Service

300
1-56

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37675
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1069

1. PLACE OF DEATH a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene
b. CITY (If outside, give TOWNSHIP only) OR TOWN Springfield, 715 E. Garfield — Inside Limits Yes X No ☐	c. CITY OR TOWN Springfield 03960 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 715 E. Garfield — Length of stay in 1b 26 yrs.	d. STREET ADDRESS (If outside, give location) 715 E. Garfield — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Anna Middle Louise Last Johnson		4. DATE OF DEATH Month Day Year Nov. 22, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH July 7, 1899
9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Arapahoe, Nebraska	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Joseph Ems		14. MOTHER'S MAIDEN NAME Emma Smith	
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 Address John W. Johnson, Walnut Grove, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 1hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 10+yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes Mellitus 420.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month; Day; Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 9, 1956, to Nov. 18, 1956 and last saw her/him alive on Nov. 18, 1956

Death occurred at 5:00 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David H. Hall, MD	22b. ADDRESS 1505 So Glenstone	22c. DATE SIGNED 11/23/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-24-56	23c. NAME OF CEMETERY OR CREMATORY Sparta Cemetery
23d. LOCATION (City, town, or county) (State) Christian County, Mo.		
24. FUNERAL DIRECTOR [signature] ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 11-23-56	26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student ----------
Signature of Student Embalmer

Signed Ogle Slone Jr.

Licensed Embalmer No. 41

P. O. Address Spring

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.