

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41146

STATE FILE NUMBER

FILED DEC 31 1956

94549-56 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1153-C

1. PLACE OF DEATH a. COUNTY <i>Greene</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MISSOURI</i> b. COUNTY <i>Greene</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Springfield Mo</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Springfield, Mo</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Burge Hospital</i> Length of stay in 1b <i>1 day</i>		d. STREET ADDRESS <i>R#11</i> (If outside, give location) <i>0390</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>(Baby)</i> Middle <i></i> Last <i>Johnson</i>		4. DATE OF DEATH Month <i>12</i> Day <i>20</i> Year <i>56</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>12/18/56</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. AGE (In years last birthday) <i>0</i> IF UNDER 1 YEAR: Months <i>2</i> Days <i></i> Hours <i></i> Min. <i></i>	9c. IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>---</i>	11. BIRTHPLACE (City and state or country) <i>0</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13. FATHER'S NAME <i>Lloyd Johnson</i>	
14. MOTHER'S MAIDEN NAME <i>Patricia McHaffin</i>		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. <i>---</i>		17. INFORMANT <i>Lloyd Johnson</i> Address <i>Springfield Mo</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congenital Atelectasis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Prematurity</i> DUE TO (c) <i></i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY: Hour <i></i> Month, Day, Year <i></i> a.m. <i></i> p. m. <i></i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <i>7:00 12/18/56</i> to <i>12/20/56</i> and last saw her/him alive on <i>12/20/56</i> . Death occurred at <i>12:41 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul Bessie M.D.</i> (Degree or title)	22b. ADDRESS <i>Springfield, Mo</i>	22c. DATE SIGNED <i>12/21/56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>12-20-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Temple Hall</i>	23d. LOCATION (City, town, or county) (State) <i>Christian County Mo</i>
24. FUNERAL DIRECTOR <i>T. B. Chaffin</i> ADDRESS <i>Ozark Mo</i>	25. DATE RECD. BY LOCAL REG. <i>12-25-56</i>	26. REGISTRAR'S SIGNATURE <i>Edith Williamson</i>	

(Licensed Embalmer's Statement on Reverse Side)

health, welfare, public service
300 1-56
12-19-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally 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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *T. B. Chaffin*

Licensed Embalmer No. *218*

P. O. Address *Ozark*

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.