

1669

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED JAN 22 1957

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 7

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u> | | c. CITY OR TOWN <u>Carthage</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune Brooks Hosp.</u> | | e. STREET ADDRESS (If rural, give location) <u>Route # 4</u> | |

| | | | |
|---|-------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Glen</u> | b. (Middle) | c. (Last) <u>Johnson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3, 1957</u> |
|---|-------------|--------------------------|--|

| | | | | | | | | |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|------------------------|------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>July 24, 1910</u> | 9. AGE (In years last birthday) <u>46</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|------------------------|------|

| | | | |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hercules Powder Co.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Powder Co.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Carterville, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.U.</u> |
|--|---|--|--|

| | | |
|--|--|---|
| 13a. FATHER'S NAME <u>Otto Johnson</u> | 13b. MOTHER'S MAIDEN NAME <u>Maudie Kessel</u> | 14. NAME OF HUSBAND OR WIFE <u>Thelma Seely</u> |
|--|--|---|

| | | | |
|---|---|--|-----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Yes</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Glen Johnson</u> | ADDRESS <u>Route # 4 Carthage</u> |
|---|---|--|-----------------------------------|

| | | | |
|---|---|--|---|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Monocytic Leukemia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 | 20. AUTOPSY? <u>2</u> 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) <u>2042</u> |
|--|--|--|

| | | |
|--|--|----------------------------|
| 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 12 Mar '56, 1956, to Jan. 3, 1957, that I last saw the deceased alive on 3 Jan '57, 1957, and that death occurred at 9:05P. m., from the causes and on the date stated above.

| | | |
|--|---|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>H E Byrd</u> | 23b. ADDRESS <u>M. D. Carthage, Mo.</u> | 23c. DATE SIGNED <u>Jan 9, 1957</u> |
|--|---|-------------------------------------|

| | | | |
|---|-------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-6-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Dwiman Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Jasper Co., Mo.</u> |
|---|-------------------------|---|--|

| | | | |
|--|--|--|------------------------------|
| DATE REC'D BY LOCAL REG. <u>1-9-57</u> | REGISTRAR'S SIGNATURE <u>Ely Clinton</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home</u> | ADDRESS <u>Carthage, Mo.</u> |
|--|--|--|------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

39

RECORDED
10 10 58

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 [Handwritten Signature]

Licensed Embalmer No.....

P. O. Address [Handwritten 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.