

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3364

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHAFFEE		b. COUNTY SCOTT	
c. LENGTH OF STAY (In this place) 14 YRS.		c. CITY OR TOWN CHAFFEE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 130 GOOCH		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 130 GOOCH		100/0	

3. NAME OF DECEASED (Type or Print) ERMAN RICHARD JOHNS			4. DATE OF DEATH JAN. 19-1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 08-24-1897		9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONDUCTOR	10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and State or Foreign Country) GOBDIN IL		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME MARSHALL JOHNS		13b. MOTHER'S MAIDEN NAME ELIZABETH-RECORD		14. NAME OF HUSBAND OR WIFE BEATHA JOHNS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. 702-07-9087		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Beatha Johns - Outman Miss	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis. ANTECEDENT CAUSES (Found on floor of home, fully dressed) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thelma C. Buckholz, M.D. Health Officer		23b. ADDRESS Benton, Mo		23c. DATE SIGNED 1-23-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE JAN. 22-1957		24c. NAME OF CEMETERY OR CREMATORY SHADY GROVE CEM. PUTMAN MISS.	
DATE REC'D BY LOCAL REG. 1-24-57		REGISTRAR'S SIGNATURE Mrs. Fred Buehler		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS STUBBS' FUNERAL HOME - CHAFFEE MO	

(Licensed Embalmer's Statement on Reverse Side)

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

1001

445

DATE RECEIVED JAN 28 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 157-16

FEB 5 1957

JUN 23 1958

OCT 28 1957

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 Eugene L. Stubbbs..... Student Embalmer No. 528 working under my personal supervision.

Student Eugene L. Stubbbs
Signature of Student Embalmer

Signed E. J. Lohrey
Licensed Embalmer No. 7510

P. O. Address Cape Girardeau

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.