

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

80333

State File No.

FILED APR 10 1957

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>Clinton</u>			
b. CITY OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (in this place) <u>14 hrs.</u>		c. CITY OR TOWN <u>Journey 0250</u>		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>Community Hosp.</u>				• STREET ADDRESS (If rural, give location) <u>R7D 3 1/2 mi. NE. Journey Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lulu</u>		b. (Middle) <u>Rossau</u>		c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 31 57</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 13-1893</u> 84	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sam Deine</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Rossau</u>		14. NAME OF HUSBAND OR WIFE <u>Milton Johnson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Milton Johnson Journey Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>✓</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		260X	
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>260X</u>			
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?			
22. I hereby certify that I attended the deceased from <u>Sept 1956</u> to <u>3-31-1957</u> that I last saw the deceased alive on <u>5-27-57</u> 1957, and that death occurred at <u>4-9-57</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>T. D. Deane</u> (Degree or title)				23b. ADDRESS <u>Cameron Mo</u>		23c. DATE SIGNED <u>4-3-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 3-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harlan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cameron Clinton County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-3-57</u>		REGISTRAR'S SIGNATURE <u>Francis Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>		ADDRESS <u>Cameron</u>	

(Licensee - Embalmer's Statement on Reverse Side)

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

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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 *Robert F. Poland*

Licensed Embalmer No. *4771*
222 West 35
P. O. Address *Canon 9*

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.