

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16479

State File No.

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 6

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Christian</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Christian</u> | |
| b. CITY OR TOWN <u>Ozark</u> | c. LENGTH OF STAY (In this place) <u>3 Mths.</u> | c. CITY OR TOWN <u>Sparta</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0220</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smith Rest Home</u> | | STREET ADDRESS (If rural, give location) <u>Rural, Finley Twsp.</u> | |

| | | | | |
|-------------------------------------|-------------------------|----------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Julia</u> | b. (Middle) <u>Francis</u> | c. (Last) <u>Johns</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1957</u> |
|-------------------------------------|-------------------------|----------------------------|------------------------|--|

| | | | | | | | | |
|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec. 17, 1870</u> | 9. AGE (In years last birthday) <u>86</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|-----------------------|-------|------|

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

| | | |
|---|--|-----------------------------|
| 13a. FATHER'S NAME <u>Benton Braden</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Brazeale</u> | 14. NAME OF HUSBAND OR WIFE |
|---|--|-----------------------------|

| | | | |
|--|-------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Carl Braden, Sparta, Mo. Rt. # Star</u> | ADDRESS |
|--|-------------------------|--|---------|

| | | | |
|---|---|-------|----------------------------------|
| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u> | | |
| | ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mural thrombus</u> DUE TO (c) <u>Arteriosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced senility</u> | | years | |

| | | |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>4:201</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) |
|--|--|---|

| | | |
|--|--|----------------------------|
| 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 4/4, 1957, to 3/28, 1957, that I last saw the deceased alive on 3/28, 1957, and that death occurred at 1 P. M., from the causes and on the date stated above.

| | | |
|--|--------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Wm. P. McCormick, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Ozark, Mo.</u> | 23c. DATE SIGNED <u>5/11/57</u> |
|--|--------------------------------|---------------------------------|

| | | | |
|---|------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 3, 1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>McHaffie Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Christian Co., Missouri</u> |
|---|------------------------------|---|--|

| | | | |
|--|--|---|---------------------------|
| DATE REC'D BY LOCAL REG. <u>May 31, 1957</u> | REGISTRAR'S SIGNATURE <u>Loretta Leonard</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Chaffin</u> | ADDRESS <u>Ozark, Mo.</u> |
|--|--|---|---------------------------|

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

59-0

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. *3192*

P. O. Address *Ozark, Mo.*

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.