

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 017626  
State File No. ....

FILED JUN 4 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 103

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

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 OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (in this place)	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>RR 3</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) _____ c. (Last) <u>Johannes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20, 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>April 6, 1880</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Reta Hardware Owner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retail</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rockville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Nicholes Johannes</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Rann</u>		14. NAME OF HUSBAND OR WIFE <u>Bess Shelton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Bess Johannes, RR 3, Carthage, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>		
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			DUE TO (b) <u>Subacute bacterial endocarditis</u>		<u>5 months</u>
DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>Metastatic carcinoma of prostate</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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>Carthage, Jasper, Mo.</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>3/29</u> , 19 <u>54</u> , to <u>5/20</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5/20</u> , 19 <u>57</u> , and that death occurred at <u>5:15 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Charles F. Isbell</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Carthage, Mo.</u>		23c. DATE SIGNED <u>5/20/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>May 21, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newcomers Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-21-57</u>	REGISTRAR'S SIGNATURE <u>W. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ulmer Funeral Home, Carthage, Mo</u>		

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RECEIVED  
Jasper County Health Office  
County File Number 5-7-6-443  
Date Filed JUN 3 1957

NOV 21 1956

JUN 26 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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Edwin C. Thomas

Licensed Embalmer No. 495-5

P. O. Address Carters

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.