

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 57-017952

FILED JUN 6 1957

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5760 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MARION ✓	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL FABIUS		c. CITY OR TOWN FABIUS	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 3 mi. So. East Maywood, Mo.		e. STREET ADDRESS (If rural, give location) 3 mi. So. East Maywood, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) IRVIA	b. (Middle) ANN	c. (Last) JOHNSON	4. DATE OF DEATH (Month) (Day) (Year) MAY 29, 1957
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3/22/1872	9. AGE (in years last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX	11. BIRTHPLACE (City and State or Foreign Country) MENDON, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JACOB RICE	13b. MOTHER'S MAIDEN NAME ANNIE CODGER	14. NAME OF HUSBAND OR WIFE JOHN JOHNSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. XXXXXXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME MRS. BILL HICKS TAYLOR, MO.	ADDRESS TAYLOR, MO.
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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, asphyxia, 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) PULMONARY EDEMA		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) APOPLEXY & HYPERTENSION 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 334X	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from 5/24, 1957, to 5/29, 1957, that I last saw the deceased alive on 5/31, 1957, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. F. Eddy, M.D.	(Degree or title) M.D.	23b. ADDRESS La. Range Mo	23c. DATE SIGNED 5/31/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6/1/57	24c. NAME OF CEMETERY OR CREMATORY DUNN	24d. LOCATION (City, town, or county) (State) PHILADELPHIA, MISSOURI
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DATE REC'D BY LOCAL REG. 6-1-57	REGISTRAR'S SIGNATURE By Viola New, Deputy Charles R. ...	25. FUNERAL DIRECTOR'S SIGNATURE Charles R. ...	ADDRESS Lewistown, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED JUN 4 1957
MARION CO. HEALTH DEPT.
DATE FILED JUN 4 1957

1957 JUN 8 10 01

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.....
Charles L. Arnold, Sr.

Licensed Embalmer No...4667.....

P. O. Address LEWISTOWN, MISSOURI

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.