

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32468
STATE FILE NUMBER

FILED SEP 24 1957

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 154

300
1-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 250 Harwood Ave.			Length of stay in 1b —	d. STREET ADDRESS 250 Harwood Ave.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JULIA First ALBERTA Middle JOHNSON Last				4. DATE OF DEATH Month Sept. Day 12 Year 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 7, 1885		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months — Days — Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Hickory County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME James H. Hill				14. MOTHER'S MAIDEN NAME Manarvia A. Mitchell				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year no. or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 494-30-8024		17. INFORMANT Address Mr. Walter T. Johnson, Lebanon, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 1 minute	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION			COUNTY	STATE
21. I attended the deceased from Sept. 8 to Sept. 12 and last saw her him alive on Sept 12, 1957 Death occurred at 4:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE James L. Hope, M.D. (Degree or title)				22b. ADDRESS Lebanon, Mo		22c. DATE SIGNED 9/15/57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 9-16-57	23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery		23d. LOCATION (City, town, or county) (State) Dallas County Missouri			
24. FUNERAL DIRECTOR JR Palmer ADDRESS Lebanon			25. DATE RECD. BY LOCAL REG. 9-16-1957		26. REGISTRAR'S SIGNATURE Helle L. Gray			

(Licensed Embalmer's Statement on Reverse Side)

Received 9-23-57
Laclede County Health Unit
File No. 154
Date Filed 9-23-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Stanley R Pahr

Licensed Embalmer No. 48
P. O. Address Lebanon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.