Health, & Welfare Public Service

S. 300
1-57 3

FILED NOV 13 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35449
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1079

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) D.O.A.Burge Hosp. — Length of stay in 1b 26 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 912 W. Della — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ORAUS Middle GLENN Last JOHNSON

4. DATE OF DEATH Month Nov. Day 5, Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 18 Dec. 1907
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Company
10b. KIND OF BUSINESS OR INDUSTRY Oil Company
11. BIRTHPLACE (City and state or country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Floyd Johnson
13b. MOTHER'S MAIDEN NAME Maude Lock
14. NAME OF HUSBAND OR WIFE Helen E. Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Helen E. Johnson Address Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis — unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recurrent myocardial infarctions

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 331X
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Springfield COUNTY Greene STATE Mo

21. I attended the deceased from Jan 12, '48, to 11-5-57 and last saw him alive on Sept 17 '57
Death occurred at 3:55 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS 609 Cherry Springfield, Missouri
22c. DATE SIGNED Nov 7 '57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-7-57
23c. NAME OF CEMETERY OR CREMATORY White Chapel
23d. LOCATION (City, town, or county) (State) Springfield, Mo.

24. FUNERAL DIRECTOR J.W. Klingner + Co. ADDRESS Spgfd. Mo.
25. DATE RECD. BY LOCAL REG. 11-7-57
26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. Sibley

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 ..... Signed Glen D. Williams

Signature of Student Embalmer

Licensed Embalmer No. 4651

P. O. Address Springfield

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.