t. Health,
, & Welfare
S. Public
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36492
STATE FILE NUMBER

FILED OCT 22 1957 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 171

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 391 Harwood — Length of stay in 1b —

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Laclede
c. CITY OR TOWN Lebanon — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 391 Harwood Ave. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Adelaide Middle: Last: Johnson
4. DATE OF DEATH Month Oct. Day 15 Year 1957
5. SEX F
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH June 15 1869
9. AGE (In years last birthday) 88 — 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) At Home
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Arlington Mo.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME R. C. Barrows
14. MOTHER'S MAIDEN NAME Nancy York
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Address: Mrs. Ellis Rainey Lebanon 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) Pulmonary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 6 Hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Decompensation — 30 Min.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 465X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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 COUNTY STATE

21. I attended the deceased from Dec. 1946, to Oct. 15, 1957 and last saw her/him alive on ~~Oct. 15, 195~~
Death occurred at 7.30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) D.O. 2
22b. ADDRESS 117 Jefferson, Lebanon Mo.
22c. DATE SIGNED 10-17-

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/18/57
23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemet.
23d. LOCATION (City, town, or county) Lebanon Mo. (State) 57

24. FUNERAL DIRECTOR S. R. Palmer ADDRESS Lebanon Mo.
25. DATE RECD. BY LOCAL REG. 10-19-1957
26. REGISTRAR'S SIGNATURE Ella L. Hay

(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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

424-0

Received 10-21-57

Laclede County Health Unit

File No. 171

Date Filed 10-21-57

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 S. P. Fulmer

Licensed Embalmer No. 2-2

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.