

FILED JAN 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **46979**
Registrar's No. **2**

BIRTH NO. _____		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 4492		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oran		c. LENGTH OF STAY (in this place) Yrs.		c. CITY OR TOWN Oran		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION At family home				e. STREET ADDRESS (If rural, give location) -----			
3. NAME OF DECEASED (Type or Print) a. (First) ACE b. (Middle) C. c. (Last) ---JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 9, 1889	9. AGE (In years) 68	IF UNDER 1 YEAR Months 11 Days 16	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer & Plant		10b. KIND OF BUSINESS OR INDUSTRY employee		11. BIRTHPLACE (City and State or Foreign Country) Mt. View, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Johnson		13b. MOTHER'S MAIDEN NAME Nellie Gray		14. NAME OF HUSBAND OR WIFE Lottie Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495142048		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lottie Johnson ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mycosarcoma, Right Ovary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH. 2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		197X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 20 Nov 1957 , to 25 Dec 1957 , that I last saw the deceased alive on 25 Dec 1957 , and that death occurred at 5:50 a m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert E. Tubbs MD				23b. ADDRESS Chaffee Mo		23c. DATE SIGNED 30 Dec 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 27-57	24c. NAME OF CEMETERY OR CREMATORY Bloomfield Cem.		24d. LOCATION (City, town, or county) (State) Bloomfield, Missouri		
DATE REC'D BY LOCAL REG. 1-4-58		REGISTRAR'S SIGNATURE Mrs Fred Biepling		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHILES UND. CO., BLOOMFIELD, MO.			

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

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DATE RECEIVED JAN 6 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 758-5

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 Lulu Cooper # 3499, ~~Signature of Embalmer No.~~

~~working under my personal supervision.~~

Student.....
Signature of Student Embalmer

Signed Juan B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, M

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.