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, & Welfare
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 76878-57 47443
STATE FILE NUMBER

FILED JAN 22 1958 Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY New Madrid b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Como — Inside Limits Yes ☐ No ☒ c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1½ Miles W. Catron — Length of stay in Hospital 3mo.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY New Madrid c. CITY OR TOWN Lilbourn, 072 — Inside Limits Yes ☐ No ☒ d. STREET ADDRESS (If outside, give location) 1½ mi west of Catron — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Joyce; Middle Mae; Last Johnson

4. DATE OF DEATH: Month Dec; Day 25; Year 1957

5. SEX: Female (3)

6. COLOR OR RACE: Colored

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Sept 23, 1957

9. AGE (In years last birthday): IF UNDER 1 YEAR — Months 3, Days 2; IF UNDER 24 HRS. — Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Lilbourn, Mo. (Rural)

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Thomas Johnson

14. MOTHER'S MAIDEN NAME: Ollie Pledger

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.: None

17. INFORMANT: Pealean Pledger — Address: Lilbourn, Mo. R. 1.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lobar Pneumonia

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): 490X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 12/23/57, to 12/25/57 and last saw her alive on 12/23/57. Death occurred at 5:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. Geo W Husted, M.D. (Degree or title)

22b. ADDRESS Carma, Mo.

22c. DATE SIGNED 1/4/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Dec 26, 1957

23c. NAME OF CEMETERY OR CREMATORY: Simmons Burial Park

23d. LOCATION (City, town, or county) (State): Catron, Mo.

24. FUNERAL DIRECTOR: Ponder Funeral Home — ADDRESS: Lilbourn, Mo.

25. DATE RECD. BY LOCAL REG.: 1/4/58

26. REGISTRAR'S SIGNATURE: Dr. Geo W Husted, MD

(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

217-0

DATE RECEIVED JAN 15 1958
NEW MADRID CO. HEALTH CENTER
P.J.L.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Not Embalmed

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

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