FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004625
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo. Inside Limits Yes X No X	c. CITY OR TOWN Poplar Bluff Inside Limits Yes ☐ No X
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Doctors Hosp. Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Route #4 Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First Hattie Middle Johnson Last Johnson

4. DATE OF DEATH Month Feb. Day 11, Year 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH June 15, 1898

9. AGE (In years last birthday) 59 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Dare

14. MOTHER'S MAIDEN NAME Julia Sallee

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 Geo. Johnson, Poplar Bluff, 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 hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 da

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension — 2

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 33 IX

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.)

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 Feb. 11, 1958 to Feb. 11-1958 and last saw her/him alive on Feb. 11, 1958

Death occurred at 6:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T. L. Kuichert M.D.

22b. ADDRESS Poplar Bluff, Mo

22c. DATE SIGNED 2/14/58

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

23b. DATE 2-13-58

23c. NAME OF CEMETERY OR CREMATORY City Cem.

23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG. 2/15/58

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 -56

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

RECEIVED
FEB 17 1958
BUTLER CO. HEALTH CENTER
FILE No._____

MAR 4 1958

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 Charles E. Mungle

Licensed Embalmer No. 4 8

P. O. Address Poplar Bu

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.