

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

78-006088
 STATE FILE NUMBER

FILED MAR 12 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 109

300
 1-57

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3003 1/2 E. 8th St.			Length of stay in lb 74 Years		d. STREET ADDRESS 3003 1/2 E. 8th St.
3. NAME OF DECEASED (Type or print) Elmer Lawrence JOHNSON			4. DATE OF DEATH February 26, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 9, 1883	
9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and state or country) Carthage, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Burke Johnson		
13b. MOTHER'S MAIDEN NAME Amanda Buttrick		14. NAME OF HUSBAND OR WIFE Florence			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Eldon Johnson 2424 Empire Joplin, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pharyngitis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 493x					INTERVAL BETWEEN ONSET AND DEATH 1 day 5 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 12-20-57 to 2-22-58 and last saw him alive on 2-22-58 Death occurred at 5:45 p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>E. H. Hamilton, M.D.</i> (Degree or title)			22b. ADDRESS E. H. HAMILTON, M. D. Frisco Bldg.		22c. DATE SIGNED 2-28-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2 - 28 - 58	23c. NAME OF CEMETERY OR CREMATORY Osborne Memorial		23d. LOCATION (City, town, or country) Joplin, Missouri (State)	
24. FUNERAL DIRECTOR ADDRESS Thornhill-Dillon Joplin, Missouri			25. DATE RECD. BY LOCAL REG. 3-6-1958	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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
Signature of Student Embalmer

Signed W. E. Huddleston

Licensed Embalmer No. 4770
P. O. Address Joplin, Mo

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.