

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013214
State File No.

FILED APR 22 1958

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 28

0090
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give town) Lutesville		c. CITY OR TOWN Chaffee	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 mo.		e. STREET ADDRESS (If rural, give location) 413 S. Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bond Nursing Home			
3. NAME OF DECEASED a. (First) Mollie		b. (Middle) A.	
c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) April 5, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 23, 1864
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR: Months 11 Days 19	
IF UNDER 24 HRS. Hours 1 Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Dalton, Ga.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME (Unknown)	
13b. MOTHER'S MAIDEN NAME (Unknown)		14. NAME OF HUSBAND OR WIFE (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR ADDRESS Ethel Briggs 413 S. Main, Chaffee, Mo.			
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) Cerebral Hemorrhage. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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) 331X	
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 <u>3/8</u> , 19 <u>58</u> to <u>4/5</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4/5</u> , 19 <u>58</u> , and that death occurred at <u>5:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE John J. Myers (Degree or title)		23b. ADDRESS 102 Lutetia Mo	
23c. DATE SIGNED 4/9/58		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4/7/58		24c. NAME OF CEMETERY OR CREMATORY Senath	
24d. LOCATION (City, town, or county) (State) Senath, Missouri		DATE REC'D BY LOCAL REG. 4/15/58	
REGISTRAR'S SIGNATURE Mrs Buford Crader		25. FUNERAL DIRECTOR'S SIGNATURE McDaniel Funeral Service ADDRESS Senath, Mo.	

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 *R. O. Laine*.....

Licensed Embalmer No. *4538*.....

P. O. Address *Jordan, N.C.*.....

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.