

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013846

STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 455

S. 300
1-570

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Hosp.		d. STREET ADDRESS (If outside, give location) 1025 Normal	
3. NAME OF DECEASED (Type or print) First Mary Middle Adah Last Johnson		4. DATE OF DEATH Month April Day 27 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Aug. 27, 1866
9. AGE (In years lost birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher	11. BIRTHPLACE (City and state or country) Kentucky
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY School	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME ? Russell		13b. MOTHER'S MAIDEN NAME ? Thompson	
14. NAME OF HUSBAND OR WIFE Grand-dau. Missouri		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 Mrs. Glee Wheeler-Jefferson City	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 6 weeks
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) Fracture intertrochanteric, comminuted, left femur 2/28/58			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fall on concrete floor at home	
20c. TIME OF INJURY Hour 8 a.m. 2/28/58 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Springfield Greene Mo.	
21. I attended the deceased from 2/28/58 to 4/27/58 and last saw her alive on 4/26/58 Death occurred at 4:15 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James D. Barton M.D.		22b. ADDRESS Springfield, Mo.	
22c. DATE SIGNED 4/28/58			
23a. BURIAL, CREATION, OR RECOVERY (Specify) Burial		23b. DATE 4-30-1958	
23c. NAME OF CEMETERY OR CREMATORY Robinson Cemetery		23d. LOCATION (City, town, or county) (State) Weaubleau, Missouri	
24. FUNERAL DIRECTOR Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 5-2-58	
26. REGISTRAR'S SIGNATURE Effie S. Miller			

(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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 8 1971

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 *[Signature]*

Licensed Embalmer No. **3347**

P. O. Address *[Signature]*

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.