

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014751

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 159 Primary Registration District No. 5590 Registrar's No. 17

health, Welfare Public Service
0500
300
1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JEFF			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JEFF		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WARE (BIG RIVER)		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN WARE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 MI. E. OF WARE YRD			Length of stay in 1b 70 YRS.	d. STREET ADDRESS (If outside, give location) 2 MI. E. OF WARE ON YRD	
3. NAME OF DECEASED (Type or print) First THOMAS Middle WILLIAM Last JOHNSON			4. DATE OF DEATH Month APR. Day 25 Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 8 1887	9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) JEFF. CO MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME THOS. C. JOHNSON			14. MOTHER'S MAIDEN NAME MARGARET RYAN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 493-48-7468		17. INFORMANT CORA JOHNSON HILLSBORO RTI	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis of coronary arteries DUE TO (c) 4201					INTERVAL BETWEEN ONSET AND DEATH 12 hours unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Bronchopneumonia, mild, left lower lobe, 48 hrs.					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 _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1954 to April 25, 1958 and last saw ^{her} him alive on April 24, '58 Death occurred at 7:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.			22b. ADDRESS Desoto, Mo.		22c. DATE SIGNED 4-26-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE APR. 28 1958	23c. NAME OF CEMETERY OR CREMATORY WARE		23d. LOCATION (City, town, or county) (State) WARE MO
24. FUNERAL DIRECTOR D. B. DIETRICH		ADDRESS Desoto Mo		25. DATE RECD. BY LOCAL REG. 4-30-58	26. REGISTRAR'S SIGNATURE Oleta Burdette, Sup.

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 2 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.....
A. B. Dittler

Licensed Embalmer No. 410

P. O. Address *Adts*

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.