

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014862
STATE FILE NUMBER

FILED APR 29 1958

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 56

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|--|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Lawrence | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright 7740 | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Mansfield |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium | | Length of stay in lb 10 days | d. STREET ADDRESS Route 3 (If outside, give location) |
| 3. NAME OF DECEASED (Type or print) First Middle Last Ivy H. Johnson | | | 4. DATE OF DEATH Month Day Year April 21, 1958 |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 23, 1910 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 9. AGE (In years less birthday) 47 |
| 11. BIRTHPLACE (City and state or country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Neilson Johnson | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown | |
| 16. SOCIAL SECURITY NO. unknown | | 17. INFORMANT San. records, Mo. State San., Mt. Vernon, 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) Bronchogenic carcinoma, left lung | | | INTERVAL BETWEEN ONSET AND DEATH 5 1/2 months |
| 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) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. 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 April 11, 1958 to April 21, 1958 and last saw her alive on April 21, 1958 Death occurred at 7:10 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree of title) Geo. H. Hobler, M.D. | | 22b. ADDRESS Mt. Vernon, Missouri | 22c. DATE SIGNED 4-21-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 4-21-58 | 23c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery | 23d. LOCATION (City, town, or county) (State) Douglas County, Mo. |
| 24. FUNERAL DIRECTOR Max J. Miller | | ADDRESS Mansfield Mo | 25. DATE RECD. BY LOCAL REG. 4-21-58 |
| | | | 26. REGISTRAR'S SIGNATURE Ceil Hendricks |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Max L Miller*

Licensed Embalmer No. *4720*

P. O. Address *Manfield*

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.