

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018792

STATE FILE NUMBER

FILED JUN 13 1958 Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 44

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) Inside Limits OR TOWN DeSoto Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN DeSoto 1508 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION 502 BOYD 60 YRS.		d. STREET ADDRESS (If outside, give location) Reside on Farm 502 BOYD Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Rosa Middle - Last JOHNSON			4. DATE OF DEATH Month MAY Day 26 Year 1958			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 13, 1877	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) WASH. CO. MO.		
13. FATHER'S NAME JOSEPH POUCHER			14. MOTHER'S MAIDEN NAME ELIZA LEMON			
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. -		17. INFORMANT Address CLARENCE JOHNSON DeSoto 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) Cerebral hemorrhage.		INTERVAL BETWEEN ONSET AND DEATH 8 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		33IX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertensive cardiovascular disease with cardiac decompensation		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. Month _____ Day _____ Year _____		
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 **May 21, 1958** to **May 26, 1958** and last saw her **live on May 26-58**
Death occurred at **7:05 P.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 5-27-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 29 1958	23c. NAME OF CEMETERY OR CREMATORY CITY	23d. LOCATION (City, town, or county) (State) DeSoto Mo.
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24. FUNERAL DIRECTOR ADDRESS D. B. DIETRICH DeSoto Mo	25. DATE RECD. BY LOCAL REG. May 29-1958	26. REGISTRAR'S SIGNATURE Marie Harris
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(Licensed Embalmer's Statement on Reverse Side)

death, health, welfare, public service, 000, 1-56, All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 2 1958

JUN 13 1958

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 *Donald B. Dietrich*.....

Licensed Embalmer No. *41*.....

P. O. Address *Deloit*.....

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.