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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026467
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 301

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sedalia — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bothwell Hosp. — Length of stay in 1b: 6 days.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Benton
c. CITY OR TOWN: Warsaw — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JANE Middle: Last: JOHANSSON

4. DATE OF DEATH: Month: July Day: 14 Year: 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: June 7, 1889

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Bentony Co, Mo.

12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: William De Mais

13b. MOTHER'S MAIDEN NAME: Clara Bushears.

14. NAME OF HUSBAND OR WIFE: Gustaf Johansson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Gustaf Johansson — Address: Warsaw

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular Accident (Hemorrhage) — INTERVAL BETWEEN ONSET AND DEATH: 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular disease. — years
DUE TO (c): 443 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Extreme Cardiac hypertrophy; auricular fibrillation

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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 ☐ NOT WHILE AT WORK ☐

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 1955, to July 14, 1958 and last saw her/him alive on July 14, 1958
Death occurred at 6:30 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. Rhodes, M.D. (Degree or title)

22b. ADDRESS: Warsaw, Mo.

22c. DATE SIGNED: 7-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 16, 1958.

23c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

23d. LOCATION (City, town, or county) (State): Warsaw Benton Co. Mo

24. FUNERAL DIRECTOR: John F Reser — **ADDRESS**: Warsaw

25. DATE RECD. BY LOCAL REG.: July 17 1958

26. REGISTRAR'S SIGNATURE: Frances Shelby

(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.

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 John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.