Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033631
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 251 Primary Registration District No. 8048 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY Nodaway	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Taylor
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Rural -Conway 8140 8 — Inside Limits Yes [ ] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis — Length of stay in lb 9 days	d. STREET ADDRESS (If outside, give location) Marshall Township — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print)	First: Blanche	Middle: Luella	Last: Johnson	4. DATE OF DEATH Month Day Year: 9 - 9 - 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: 3-29-1886	9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR Months 5 Days 10 — 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: Own Home	11. BIRTHPLACE (City and state or country): Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: John Franklin Cox	13b. MOTHER'S MAIDEN NAME: Caroline Sturm	14. NAME OF HUSBAND OR WIFE: E.E.Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Meryle Johnson	Address: Grant City Mo.	

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) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 Day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 4201

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 [ ] NO [ ] 0

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 Sep 4, 1958, to Sep 9, 1958 and last saw her alive on Sep 9, 1958. Death occurred at 2 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R E Dunshee M.D.	22b. ADDRESS: Maryville Mo.	22c. DATE SIGNED: Sep 12, 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL	23b. DATE: 9-11-1958	23c. NAME OF CEMETERY OR CREMATORY: Lexington	23d. LOCATION (City, town, or county) (State): Clayton Township Iowa
24. FUNERAL DIRECTOR: Floyd E Shum	ADDRESS: Bedford Iowa	25. DATE RECD. BY LOCAL REG.: 9-13-58	26. REGISTRAR'S SIGNATURE: Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 .....Myself....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed ..Floyd E. Shum.....

Iowa Licensed Embalmer No...2381..Iowa

P. O. Address....Redford..Iowa..

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.