

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039065

State File No.

FILED NOV 21 1958

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 646

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or township) Poplar Bluff, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 5644 Maple St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Ona	b. (Middle)	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year)
				10-31-1958

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-20-1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	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 (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Joe Hamm	13b. MOTHER'S MAIDEN NAME Fannie Brown	14. NAME OF HUSBAND OR WIFE Sular Johnson (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Novella Klebes - St. Louis, Mo.	ADDRESS St. Louis, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head Trauma - auto accident.		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 0 YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Novella Klebes M.D. (Degree or title)	23b. ADDRESS	23c. DATE SIGNED 11-13-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-3-1958	24c. NAME OF CEMETERY OR CREMATORY Siloam Cemetery	24d. LOCATION (City, town, or county) (State) Middlebrook, Arkansas
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DATE REC'D BY LOCAL REG. 11/15/58	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR'S SIGNATURE M.C. McNeill	ADDRESS Pocahontas, Ark.
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MADE PERMANENT USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

353.86 R01

FILE NO.

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
Student Embalmer

Signed *M. C. McFabb*

Licensed Embalmer No. *680 (Ar)*

P. O. Address *Decatur, Ga*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.