

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044803

STATE FILE NUMBER

FILED DEC 20 1958

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 150

300
1-57

1. PLACE OF DEATH a. COUNTY Linn			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Brookfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b Lifetime	d. STREET ADDRESS (If outside, give location) 412 So. Clinton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Hattie Johnson			4. DATE OF DEATH Month Dec. Day 24 Year 1958		
5. SEX F	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan 23, 1882	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 1 Days
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) Clinton Mo.,		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wesley Johnson.		13b. MOTHER'S MAIDEN NAME Dinah Green		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) no		16. SOCIAL SECURITY NO. None.	17. INFORMANT Betha Murphy Address 412 So. Clint		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Meningitis</u> DUE TO (b) <u>Cirrhosis of liver</u> DUE TO (c) <u>Chronic alcoholism.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carditis - severe.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>2 years.</u> <u>20 years.</u>	
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.) <u>—</u>		20c. TIME OF INJURY Hour <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a.m. <u>—</u> p.m. <u>—</u>			
20d. INJURY OCCURRED WHILE AT <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.) <u>—</u>	20f. CITY, TOWN, OR LOCATION <u>Brookfield</u>		COUNTY <u>Mo.</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>11-14-58</u> to <u>12/24/58</u> and last saw her/him alive on <u>12/24/58</u> . Death occurred at <u>7:30 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R. W. Bowden</u> (Degree or title) <u>MD.</u>			22b. ADDRESS <u>Brookfield Mo.</u>		22c. DATE SIGNED <u>12/26/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 26 1958	23c. NAME OF CEMETERY OR CREMATORY Rose Hill		23d. LOCATION (City, town, or county) (State) Brookfield Mo.
24. FUNERAL DIRECTOR <u>Homer Bowden</u> ADDRESS <u>Brookfield Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-27-58</u>		26. REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 23 1959

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 *Homer Borden*

Licensed Embalmer No. *3295*
P. O. Address *Brookfield, W.*

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.