

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018877
STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 316 Primary Registration District No. — Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Francois</i> OR TOWN <i>St. Francois</i> Limits <i>Outside</i> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		11. CITY OR TOWN <i>Potosi</i> Limits <i>Inside</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF IF NOT IN Hospital, give location) HOSPITAL OR INSTITUTION <i>State Hospital May</i> Length of stay in lb <i>17 MONTHS</i>		12. ADDRESS <i>Six miles south of Potosi Mo Potosi Mo Rt-1 Box 160</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <i>NELLIE GRACE JOHNSON</i>			4. DATE OF DEATH Month Day Year <i>MAY - 19 1959</i>
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JUNE 26 1896</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSE WIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) <i>Douglas Mo</i>
13a. FATHER'S NAME <i>ANDREW JACKSON</i>		13b. MOTHER'S MAIDEN NAME <i>TONY HULTRUP</i>	14. NAME OF HUSBAND OR WIFE <i>HARDY JOHNSON</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>Potosi, Mo</i> <i>HARDY JOHNSON RT-1 BOX 160</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia, terminal</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 das.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Psychosis with cerebral arteriosclerosis.</i>			19. WAS AUTOPSY PERFORMED? <i>YES</i> <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.			
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>Dec. 6, 1957</i> to <i>May 19, 1959</i> and last saw her <i>live on</i> <i>May 19, 1959</i> Death occurred at <i>4:50 P. M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. L. Brennan M.D.</i>		22b. ADDRESS <i>State Hospital No. 4 Farmington, Mo.</i>	22c. DATE SIGNED <i>5-19-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>5-22-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>QUAKER</i>	23d. LOCATION (City, town, or county) (State) <i>Washington Mo.</i>
24. FUNERAL DIRECTOR <i>Erman Jenkins Potosi Mo</i> ADDRESS	25. DATE RECD. BY LOCAL REG. <i>May 23, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>	

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Murphy L Sparks*

Licensed Embalmer No. *4236*

P. O. Address *Hadtime Me*

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.