Health, & Welfare Public Service

5. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED VS APR 14 1960

60-009785
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Monett — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Vincent Hosp. — Length of stay in 1b: 270 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Barry
c. CITY OR TOWN: Monett 0051 2 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 405 4th St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: FLORENCE Middle: Last: JOHNSON

4. DATE OF DEATH Month Day Year: April 5, 1960

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **2 DIVORCED** [ ]

8. DATE OF BIRTH: 4/29/85

9. AGE (In years last birthday): 74 — 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:

11. BIRTHPLACE (City and state or country): Fort Smith, Ark. 1

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

13a. FATHER'S NAME: Edward Drowley

13b. MOTHER'S MAIDEN NAME: Mary E. Miser

14. NAME OF HUSBAND OR WIFE: W. A. 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: Mrs. Clara Belle Boyle, Tulsa, Okla. — Address

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) Coronary insufficiency & congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiovascular-renal disease
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): Acute bronchial asthma

19. WAS AUTOPSY PERFORMED? 2 YES [ ] NO [X]

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 Mar 1, 1960, to April 5, 60 and last saw her/him alive on April 4, 1960
Death occurred at 7:30 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert A. Dowley M.D.

22b. ADDRESS: Monett, Mo.

22c. DATE SIGNED: Apr. 7, '60

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

23b. DATE: 4/7/60

23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.

23d. LOCATION (City, town, or county) (State): Monett, Mo.

24. FUNERAL DIRECTOR: J. D. Buchanan — ADDRESS: Monett, Mo.

25. DATE RECD. BY LOCAL REG.: 4-6-60

26. REGISTRAR'S SIGNATURE: Mrs P.N. Cook

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

-0

JUL 29 1960

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 J. W. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

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.