

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007517

15

3004

24

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED APR 10 1961

AMENDED

DATE AMENDED

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Length of stay in lb 1 day	c. CITY OR TOWN Kenoma Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ELBERT FRANKLIN JOHNSON			4. DATE OF DEATH Month Day Year April 7 1961		
--	--	--	---	--	--

5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb 12 1906	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.
--------------------	------------------------------	---	--	-------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter - Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Boston, Missouri	12. CITIZEN OF WHAT COUNTRY U. S.
---	-----------------------------------	---	---

13a. FATHER'S NAME Charley Jonhson	13b. MOTHER'S MAIDEN NAME Minnie Cones	14. NAME OF HUSBAND OR WIFE Pearl E. Kelly
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Address Mrs. Pearl E. Johnson, Kenoma, Missouri
---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
DUE TO (b) arterial - Hypertension		yes
DUE TO (c) Nephritis		11/25/60

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerotic Cardiovascular - Brain Disease	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

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.)
---	---	--

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK <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 **11/25/60**, to **Apr 7, 1961** and last saw him alive on **4/7/61**
Death occurred at **5:15 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John T. Biebel, M.D.	22b. ADDRESS Lamar, Mo	22c. DATE SIGNED 4/8/61
---	----------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 9 1961	23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	23d. LOCATION (City, town, or county) (State) Lamar, Missouri
--	----------------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS Konantz Funeral Home, Lamar, Missouri	25. DATE RECD. BY LOCAL REG. Apr 8 1961	26. REGISTRAR'S SIGNATURE Marie Konantz
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 11 1967

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

Carl J. Konarty

Licensed Embalmer No. 2247

P. O. Address Hamat, 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.