

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012252

Registration District No. 333 Primary Registration District No. 8074 Registrar's No. 49 STATE FILE NUMBER

AMENDED FILED APR 3 1961

1. PLACE OF DEATH a. COUNTY Scott b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston Length of stay in 1b c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Mississippi (mission) c. CITY OR TOWN Charleston Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 612 Naomi St. Residence on Farm Yes No

3. NAME OF DECEASED First Middle Last CLARA EURETTA JOHNSON 4. DATE OF DEATH Month Day Year 2 25 1961

5. SEX Female 6. COLOR OR RACE White 7. Married X Never Married Divorced Widowed 8. DATE OF BIRTH 1-9-1913 9. AGE (last birthday) 48 IF UNDER 1 YEAR IF UNDER 24 HR Months Day Hours Min. 1 16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Tamm, Ill. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Hale 13b. MOTHER'S MAIDEN NAME Mary Maglee Bradley 14. NAME OF HUSBAND OR WIFE Tom Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Tom Johnson, Charleston, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CRT. SCLER. HEART DIS. INTERVAL BETWEEN ONSET AND DEATH 4 yrs. 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) PART III. If deceased was female was there a pregnancy in last 90 days Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 Jan. 1961 to 2. 25. 61 and last saw her 2. 24. 61 Death occurred at 6:50 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) 22b. ADDRESS Sikeston, Mo. 22c. DATE SIGNED 2. 27. 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2/27/61 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 23d. LOCATION (City, town, or county) Charleston, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS The Nunnelee Funeral Chapel Charleston, MO. 25. DATE RECD. BY LOCAL REG. 3-18-61 26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF ITEM NO. SHOULD READ

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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Sikeston, 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.