MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-61-021664
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 127

FILED JUL 6 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carthage — Length of stay in 1b: 40 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4th & Maple Sts — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jasper
c. CITY OR TOWN: Carthage — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1401 Robertson — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NORA Middle ETHEL Last JOHNSON
4. DATE OF DEATH: Month June Day 30 Year 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-5-1885
9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
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): Bedford, Indiana
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Lew W. Wease
13b. MOTHER'S MAIDEN NAME: Fannie
14. NAME OF HUSBAND OR WIFE: Charles 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: Paul Johnson, 1401 Robertson, Address: Carthage, Mo

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few hours
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 6-28-61, to 6-30-61 and last saw her alive on 6-28-61
Death occurred at 2:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul H. Morse (Degree or title) MD
22b. ADDRESS: Carthage, Mo
22c. DATE SIGNED: 7-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 7-3-61
23c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
23d. LOCATION (City, town, or county) (State): Carthage, Mo

24. FUNERAL DIRECTOR: Knell Mortuary, Carthage, Mo — ADDRESS
25. DATE RECD. BY LOCAL REG.: 7-1-61
26. REGISTRAR'S SIGNATURE: Ella Clinton

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage N

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.