MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-028920

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. — Registrar's No. 813

FILED SEP 5 1961

1. PLACE OF DEATH
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rogersville — Length of stay in 1b

c. CITY OR TOWN Rogersville — Inside Limits Yes ☐ No ☒

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rt. # 2 — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) Rt. # 2 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MARTHA Middle ELLEN Last JOHNSON

4. DATE OF DEATH Month August Day 30, Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6-24-1882

9. AGE (last birthday) 79 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Pine, Missouri

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

13a. FATHER'S NAME George Hilton

13b. MOTHER'S MAIDEN NAME Shawler

14. NAME OF HUSBAND OR WIFE George W.

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.

17. INFORMANT Address George Johnson, Rogersville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Strangulation	2 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hemorrhage (Throat)	5 min.
DUE TO (c)	Hypertensive Art. Sclerotic Ht. Dis	15 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Recent Salmonella-C infection

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 1/20/53 to 8/30/61 and last saw her/him alive on 8/24/61
Death occurred at 3:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.

22b. ADDRESS 302 Prof. Bldg. Springfield, Mo.

22c. DATE SIGNED 8/30/61

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

23b. DATE 9-2-61

23c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery

23d. LOCATION (City, town, or county) (State) Kaw City, Oklahoma

24. FUNERAL DIRECTOR W. K. Ferrell ADDRESS Rogersville, Mo.

25. DATE RECD. BY LOCAL REG. 8-30-61

26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Wm K. Farrell

Signature of Student Embalmer

Licensed Embalmer No. 4910

P. O. Address Rogersville, 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.