## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DEPA	ART	IENT	OF.	PUE	LIC	HEALTH AND WE	LFARE/27		マベ	22	X5-	STATE FILE N	UMBER
DO NOT WRITE		AME	NDED	1	Re	gistration District No	PrinPrin	nary Registration	District No. 35	Registrar's No	· <u>0</u>	-	
ON THIS STUB						PLACE OF DEATH	I <del>AR 20 tart</del>			2. USUAL RESIDE	NCE (Where decease	ed lived. If institution:	Residence before
V\$ 300	0	ااد	.	1	••	a. COUNTY	Henry			a. STATE	b. COU		admission)
Rev. 4/59	AMENIDED	1				b. CITY (If outside cor	porate limits, give TOWN	SHIP only)	Length of stay in 1b	c. CITY	•	Henry	Inside Limits
	. 1	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓				OR ` TOWN			- ,	OR TOWN	Doorenton		Yes ₩ No 🗆
اسے درر ہر 1	V						Clinton NOT in hospital, give loca	tionì	Inside Limits	d. STREET	Deepwater (If e	itside, give location)	Reside on Farm
1720	Ľ	<u> </u>				HOSPITAL OD			Yes Tyr No □	d. STREET ADDRESS	•	,	Yes No M
20420	2	<b>i</b>		╛		Wetz	el Osteopath:	re Hosp.	<b>X</b> <u>C</u>	11			<u> </u>
3	2	1		1	3.	NAME OF DECEASED (Type or print)	First	•	Middle	Last	4. DATE OF	Month Day	Year
4 .							Alla	Adai	r Joh	nson		rch 14, 1967	
4 )					5.	SEX	6. COLOR OR RACE	7. Married [			i i		R IF UNDER 24 HR Hours Min.
5 /						Female	White	Widowed (		1 75/4/ 702		68 <sup>M</sup> °3 <sup>hs</sup> 10	1
					102	. USUAL OCCUPATION during most of working	(Give kind of work done	10b. KIND OF	BUSINESS OR INDUSTR	RY II. BIRTHPLACE	(City and state or co	ountry) 12. CITIZEN O	F WHAT COUNTRY
6	ows			1		Housekeepe				Clinton,		Mo. USA	
7 0	의				13a	. FATHER'S NAME		13b. M	OTHER'S MAIDEN NAM	AE	14. NÄ/	AE OF HUSBAND OR WIF	E
	FOLL					Frank White	1	Zi	lohia Adkin	s	Ewin	g M. Johnson	
8 0	AS				15.	WAS DECEASED EVER	IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. INFORMANT	-	Address	
933/X	/ 3		.		(16	s, no, or unknown) (If	yes, give war or dates of	415	54 7876 A	Ewing M.	Johnson, De	epwater, Mo.	
<del></del>	AR	1		Έ	Ī	18. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY	line for (a), (b),	and (c).		,		NTERVAL BETWEEN ONSET AND DEATH
10	S h	_		ΜEI			IMMEDIATE CAUSE (a	<i>v</i> /1	WILLIARY	DAR	alysis		
	OL			DOCUME			•	· _ /	,				
	HIS REC	ξ		8		Conditio	ns, if any, ) DUE TO (	o) Tm	enitio	n			4mo
$\frac{12}{2} \frac{2}{-2}$	S	2		1		which ga	ave rise to cause (a), }		1				
13/-0	王	=		-	ŀ	stating t	the under- ause last. DUE TO (	o / U	$\mathcal{A}$ .				4 mo
	8	1			Z	PART II.	OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO DEA	TH but not related	to the terminal	PART III. If deceased	
	S				CATION		disease condition given	in PART I (a)				<del></del>	nancy in last 90 days.
					Ę,				*** 1			-  -	No Unknown
	AMENDWENT		<b>i</b>		CERTIFI	19. WAS AUTOPSY PERFORMED?	20a. ACCIDENT SUICID	E HOMICIDE	206. DESCRIBE HO	OW INJURY OCCURRI	ED. (Enter nature of i	njury in PART I or PART	11 of item 18.)
	2					YES   NO					•••		<u>.</u>
Z	§ l				MEDICAL	20c. TIME OF Hour INJURY a.m.	Month, Day, Year	:					
INK IBBO					ME	p.m.		<del></del>					
INK RIBBON						20d. INJURY OCCURRE WHILE AT WORK	☐ farm,	: OF INJURY (e.g factory, street, o		20f. CITY, TOWN, O	OR LOCATION	COUNTY	STATE
×	؍ ا	.				NOT WHILE AT V	VORK []		_,_,_				, <del>.</del>
당 당 된	1	3	1 1			21. 1 attended the dec	ceased from No	0 11	66, 10 Ma	nch 14 67.	nd last saw her aliv	e on Manch	14 1967
						Death occurred at	, 10:30 P	¥1	m on t	he date stated above	, and to the best of	my knowledge, from the	causes stated.
USE		3		ட		22a. SIGNATURE	(De	gree or title)		22b. ADDRESS			22c. DATE SIGNED
<b>⊃</b> ₽		SHOOLD		0		<b>72</b>	(Xand)		$\mathcal{O}$	00	: ton	no	3/16/67
<b>i</b> —	[	<u>"</u>		_  <u>₹</u>	- 1	BURIAL CREMATION	23b. DATE	23c. NAM	OF CEMETERY OR CR	REMATORY	23d. LOCATION (C	ity, town, or county)	(State)
		į			້	BURIAL, CREMA/JON, REMOVAL (Spectry)	Mar.16,1967	}	Creek Cemet		Montrose.	Mo. Rural	
		Z   S		AFFIDA	24	Burial  FUNERAL DIRECTOR		DRESS		TE RECD. BY LOCAL		RAR'S SIGNATURE	<u> </u>
	į	<u>ک</u> .		`	<b> </b>		neral Home, Cl	inton. №	o. 13	- 16-19	67 m	Ward Y	Siguen
		- i	l I	-	ı	Fairbaire Tu	102 002 110000 002		ensed Embalmer's State	ement on Reverse Side	e)	7	//

## STATEMENT BY LICENSED EMBALMER

r by		, Student Embalmer No
orking under m	y personal supervision.	Signed T.J. Vansant
,	Signature of Student Embalmer	P. O. Address Olyston

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.