

FILED FEB 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4586

0420

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5516 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton RR#2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton RR#2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-Springfield Hosp.</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March 3, 1867</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Henry County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Chalmers</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Renfro</u>	
14. NAME OF HUSBAND OR WIFE <u>William L. Johnson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wayne Johnson</u> ADDRESS <u>Clinton RR#2</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Diabetes</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19____, to <u>2-13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb-13, 1951</u> , and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>James O. Smith MD.</u>		23b. ADDRESS <u>Clinton Mo.</u>	
23c. DATE SIGNED <u>2/13/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2/16/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Calhoun, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Conashek</u> ADDRESS <u>Clinton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb-16-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-19-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 2-19-51

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 _____
Student Embalmer

Signed Eugene R. Corsalua

Licensed Embalmer No. 4680

P. O. Address Clinton, Missouri

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 this body is not embalmed, fact should be so stated above.