

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20263**

FILED JUN 23 1952

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Green Ridge Twp	
c. LENGTH OF STAY (If this place) 11 days		d. STREET ADDRESS (If rural, give location) R# 2 Windsor 68021	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital			
3. NAME OF DECEASED a. (First) QUEENIE b. (Middle) MAY c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) June 7, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 5, 1905
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Theodore F Ribart		13b. MOTHER'S MAIDEN NAME Ida Craig	14. NAME OF HUSBAND OR WIFE Clyde 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'S SIGNATURE OR NAME Clyde Johnson, Windsor, Mo. ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 30 Mins	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
		DUE TO (b)	
		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 checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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)	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 5-15-1952 , to June 7, 1952 , that I last saw the deceased alive on June 7, 1952 and that death occurred at 9:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Claude M. Thurber M.D. (Degree or title)		23b. ADDRESS 114 N. Main Windsor, Mo.	23c. DATE SIGNED 6/10/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-10-52	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	24d. LOCATION (City, town, or county) (State) Windsor, Missouri
DATE REC'D BY LOCAL REG. June-10-52	REGISTRAR'S SIGNATURE Florence Adams	25. FUNERAL DIRECTOR'S SIGNATURE Haston Turner	ADDRESS Windsor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

101 2 4 1961

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.