

STANDARD CERTIFICATE OF DEATH

5606

No. 300 FILED FEB 24 1953
10.48

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 63

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>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thindsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, West White Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Thindsor Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R#1 Lincoln 0080</u>	

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) DIMPLE c. (Last) JOHNSON 4. DATE OF DEATH (Month) (Day) (Year) Feb. 13. 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1 8. DATE OF BIRTH Sept 17, 1894 9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 58 Days 4 IF UNDER 2 HRS. Hours 27 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (State or foreign country) Benton County, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James McKinzie 13b. MOTHER'S MAIDEN NAME Theodosia Diamo Earnest Johnson 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMY OR 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 ADDRESS Earnest Johnson, Lincoln, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Atherosclerosis 1 yr</u> DUE TO (c) <u>Arterio Sclerosis 1 yr</u>		
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 _____ 4201 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 1952 to Feb 13, 1953 that I last saw the deceased alive on Feb 13, 1953 and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. J. Summings M.D. 23b. ADDRESS Thindsor, Mo. 23c. DATE SIGNED 2-14-53

24a. BURYING OR CREMATION REMOVAL (Specify) Burial 24b. DATE 2-15-53 24c. NAME OF CEMETERY OR CREMATORY Laurel Oak 24d. LOCATION (City, town, or county) (State) Thindsor Missouri

DATE REC'D BY LOCAL REG Feb-16-53 REGISTRAR'S SIGNATURE Florence 422 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Adair Huston Turner, Thindsor, Mo.

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

420
0

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.