

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13026

State File No. \_\_\_\_\_

No. 300  
10.48

FILED MAY 3 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6024 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Reels-Park</u>		c. CITY OR TOWN <u>Elmira</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>15 years</u>		e. STREET ADDRESS (If rural, give location) <u>3 miles SE. Elmira, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles SE. Elmira, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>	b. (Middle) <u>Haynes</u>	c. (Last) <u>Torham</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1954</u>
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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>January 30, 1866</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u>	IF UNDER 2 HRS. Hour <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Hampton Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Torham</u>	14. NAME OF HUSBAND OR WIFE <u>John C. Johnson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If you give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray C. Johnson</u>	ADDRESS <u>Elmira, Missouri</u>
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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 <u>2 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema &amp; Cardiac Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arricular Fibrillation</u> DUE TO (c) <u>Essential Arteriosclerotic Hypertension</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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Ray County Missouri</u>
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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? _____
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22. I hereby certify that I attended the deceased from 1940, to April 15, 1954, that I last saw the deceased alive on April 8, 1954, and that death occurred at 12:32 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clatus G. Buehler M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lawson Mo</u>	23c. DATE SIGNED <u>4/23/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 29, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sandhill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 26, 1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. Raymond Groe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard E. Eversol</u>	ADDRESS <u>Ray, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No. 406

P. O. Address.....  


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.