FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1780
STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3052 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Warrensburg — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 107 Murray Hill Dr. — Length of stay in 1b: 2 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Johnson
c. CITY OR TOWN: Warrensburg 0512 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 107 Murray Hill Dr. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MATHILDA — Middle — Last OKESON

4. DATE OF DEATH: Month Feb. — Day 8 — Year 1958

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 3
8. DATE OF BIRTH: Sept. 25, 1880
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Linderod, Sweden 4
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown, Nelson
14. MOTHER'S MAIDEN NAME: Elna Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Mrs. C.R. Dickerson, Warrensburg, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Sclerosis — 3 yrs
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ No 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 1956, to 2-8-1958 and last saw her/him alive on 2-8-58
Death occurred at 4:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Fred Mapson M.D. 0
22b. ADDRESS: Warrensburg, Missouri
22c. DATE SIGNED: 2-8-1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-9-58
23c. NAME OF CEMETERY OR CREMATORY: To Galesburg, Illinois
23d. LOCATION (City, town, or county) (State): Galesburg, Illinois,

24. FUNERAL DIRECTOR ADDRESS: R.A. Brauninger, Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG.: Feb. 8, 1958
26. REGISTRAR'S SIGNATURE: Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 3 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jimmy S. Huckshor

Licensed Embalmer No. 4C

P. O. Address Warrenst

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.