

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUN 23 1949

State File No. **18503**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>184</u>
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		
c. LENGTH OF STAY (If this place) Life		d. STREET ADDRESS (If rural, give location) 414 West Buchanan St.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 414 West Buchanan St.		d. STREET ADDRESS 414 West Buchanan St.		
3. NAME OF DECEASED (Type or Print) HENRY TRUMAN JOHNSON		4. DATE OF DEATH (Month) (Day) (Year) June 12, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 2, 1878	9. AGE (In years last birthday) 71
			IF UNDER 1 YEAR 4	IF UNDER 1 MONTH 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker		10b. KIND OF BUSINESS OR INDUSTRY Cement Finisher		11. BIRTHPLACE (State or foreign country) Adair Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Werter Johnson		
13b. MOTHER'S MAIDEN NAME Margaret Alice Gorman		14. NAME OF HUSBAND OR WIFE Irene Rose Johnson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Robert Johnson
				ADDRESS 414 W. Buchanan St. Kirksville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory failure				1 min.
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
DUE TO (b) Coronary Occlusion				8 hours
DUE TO (c) Coronary Sclerosis				2 years
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		years
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) 4201
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 October, 1947 , to June 12, 1949 , that I last saw the deceased alive on June 8, 1949 , and that death occurred at 4:20 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE M. T. Gutschuh		23b. ADDRESS D.O. Kirksville, Mo.		23c. DATE SIGNED 6-4-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-14-49		24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery
				24d. LOCATION (City, town, or county) (State) Kirksville, Mo.
DATE REC'D BY LOCAL REG. 6-22-49		REGISTRAR'S SIGNATURE Kate Lambert		FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home
				ADDRESS Kirksville, Mo.

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No

District File Number 6-496

Date Filed JUN 27 1949

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, ~~my~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Kirkville, 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.