

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 97771

D941

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

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) BONNE TERRE		c. CITY (If outside corporate limits, write RURAL and give township) BONNE TERRE	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 39 PARK	
d. FULL NAME OF HOSPITAL OR INSTITUTION 39 PARK			
3. NAME OF DECEASED a. (First) AVA		b. (Middle) CRESSWELL	
c. (Last) JOHNSON		4. DATE OF DEATH (Month) (Day) (Year) MARCH 22, 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 3, 1880
9. AGE (In years last birthday) 70		10. MONTHS 11	11. DAYS 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY V	
11. BIRTHPLACE (State or foreign country) R.F.D. POTOSI MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOSEPH CRESSWELL		13b. MOTHER'S MAIDEN NAME MARGARET M. NICHOLSON	
14. NAME OF HUSBAND OR WIFE ARTHUR W. JOHNSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MRS. VIRGIL A. SMITH		ADDRESS BONNETERRE 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic phlebitis		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis head & neck	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 July 1948 , to 3-22, 1951 , that I last saw the deceased alive on 2-9, 1951 , and that death occurred at 6:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Jan W. Taylor, M.D.		23b. ADDRESS Bonne Terre Mo	
23c. DATE SIGNED 3-23-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MARCH 24, 1951	
24c. NAME OF CEMETERY OR CREMATORY DENVER		24d. LOCATION (City, town, or county) (State) COLO.	
DATE REC'D BY LOCAL REG. Mar 24, 1951		REGISTRAR'S SIGNATURE Esther Andloff	
25. FUNERAL DIRECTOR'S SIGNATURE Benjamin G. Bonner		ADDRESS Benone Mo	

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 2 1951

RECEIVED

1951 JUN 19 NUM

1951 JUN 12 NUM

JAN 8

1953

1952 APR 29 NUM

APR 5 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Caroline J. Claywell

Signed.....

Student Embalmer

Licensed Embalmer No. *3706*

P. O. Address *Bonne Terre, 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.