

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8792

FILED MAR 19 1952

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN Webb City
c. LENGTH OF STAY (in this place) 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri
b. COUNTY Jasper
c. CITY OR TOWN Joplin
d. STREET ADDRESS 1808 West B Street

3. NAME OF DECEASED
a. (First) Raymond
b. (Middle) E
c. (Last) Johnson

4. DATE OF DEATH March 10, 1952

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married

8. DATE OF BIRTH Oct. 24, 1904

9. AGE (in years) 47

IF UNDER 1 YEAR Months 4 Days 16 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) railroad

10b. KIND OF BUSINESS OR INDUSTRY Frisco RR

11. BIRTHPLACE (State or foreign country) Rich Hill, Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Johnson

13b. MOTHER'S MAIDEN NAME Mattie Crabtree

14. NAME OF HUSBAND OR WIFE Rose Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Johnson, 1808 West B Street

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxic Myocardiosis
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PNEUMONARY TUBERCULOSIS
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 4-5 mos
6 yrs

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 002X

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) m. _____

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 2-2, 1952, to 3-10, 1952, that I last saw the deceased alive on 3-9, 1952, and that death occurred at 5A m., from the causes and on the date stated above.

23a. SIGNATURE J. B. Hershey (Deputy or Title)

23b. ADDRESS 530 E Main St Joplin

23c. DATE SIGNED 3-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-12-52

24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial

24d. LOCATION (City, town, or county) (State) Joplin, Missouri

DATE REC'D BY LOCAL REG. 3-15-52

REGISTRAR'S SIGNATURE John Lewis (Deputy)

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary, Joplin, Mo

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

492
0

RECEIVED

2-18-52

Jasper County Health Office

County File Number 52/3/213

Date Filed 2-18-52

Dr. H. H. E.

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

F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 7319

P. O. Address *Joplin 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.