

FILED MAR 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9300

State File No.

Registrar's No. 15

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050

1. PLACE OF DEATH
 a. COUNTY Pemiscot
 b. CITY OR TOWN CARTHERSVILLE
 c. LENGTH OF STAY (in this place) 12 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION 909 LAURANT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE MISSOURI b. COUNTY PEMISCOT
 c. CITY OR TOWN CARTHERSVILLE 0782
 d. STREET ADDRESS (If rural, give location) 909 LAURANT AVENUE

3. NAME OF DECEASED (Type or Print)
 a. (First) Orsa b. (Middle) - c. (Last) JOHNSON
 4. DATE OF DEATH (Month) (Day) (Year) Mar-13-1952

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
 8. DATE OF BIRTH Feb 8-1883 9. AGE (In years last birthday) 69 10. UNDER 1 YEAR 1 11. UNDER 24 HRS. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
 10b. KIND OF BUSINESS OR INDUSTRY -
 11. BIRTHPLACE (State or foreign country) Deputy Co. Tenn.
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. Thomas Johnson 13b. MOTHER'S MAIDEN NAME Isabel Puggs 14. NAME OF HUSBAND OR WIFE UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) Spanish American
 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME W. J. Johnson ADDRESS Carthersville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
 ANTECEDENT CAUSES (b) congestive heart failure DUE TO (c) 14 year
 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 4341
 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) _____ 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 Mar 3, 1952 to Mar 13, 1952 that I last saw the deceased alive on Mar 13, 1952 and that death occurred at 5:00 pm. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. A. Cain M.D. 23b. ADDRESS Carthersville Mo 37152 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 3-16-52 24c. NAME OF CEMETERY OR CREMATORY New Prospect 24d. LOCATION (City, town, or county) (State) Parson, Tenn. MO.

DATE REC'D BY LOCAL REG. 3-22-1952 REGISTRAR'S SIGNATURE Jessie B. Welke 25. FUNERAL DIRECTOR'S SIGNATURE La Forge Undertaking Co ADDRESS Carthersville MO.

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

782

3-52-91

Rec. MAR 24 1952

S. B. Beecher, M. D.,
Peniscot County Health Department,
Carrollton, Mo.

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

Student Embalmer

7861
APR 1 1952

Signed Charles E. Mungler.....

Licensed Embalmer No. 4877.....

P. O. Address Carrollton, 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.