

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34689

State File No.

FILED OCT 20 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 932

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield 0396</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>923 W - Tampa</u>			d. STREET ADDRESS (If rural, give location) <u>923 W - Tampa</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u>		b. (Middle) <u>E</u>	c. (Last) <u>JOHNSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 16 52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb-8-1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Minister</u>	11. BIRTHPLACE (State or foreign country) <u>Greenfield Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Georn Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Bushel</u>	14. NAME OF HUSBAND OR WIFE <u>Lizzie Johnson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lizzie Johnson 923 W. Tampa</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Vascular Disease</u>					
DUE TO (c)					
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		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) <u>4221</u>		
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 <u>Oct 6</u> , 1952, to <u>Oct 16</u> , 1952; that I last saw the deceased alive on <u>Oct 15</u> , 1952, and that death occurred at <u>7:24 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Lyman W. Brown M.D.</u>			23b. ADDRESS <u>307 1/2 College Springfield Mo</u>		23c. DATE SIGNED <u>10/17/52</u>
24a. BURIAL, CREMATION OR DISPOSAL (Specify) <u>Burial</u>	24b. DATE <u>10-19-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Greenfield Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-18-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Registrar</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.V. Smith 602-N. Jefferson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Signed Herbert V. Smith

Licensed Embalmer No. 4286

P. O. Address Springfield

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.