

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **41436**

**FILED** DEC 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 1084

1043  
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Audrain, County:</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico, Mo.</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>715 E. Breckenridge</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) _____ c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 6 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>Oct. 25-1877</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brickyard Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired:</u>	11. BIRTHPLACE (State or foreign country) <u>Audrain County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Johnson Mexico Mo</u> ADDRESS <u>Mexico Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Degenerative Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiac Disorder</u> <u>Desane.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>6 months</u>
19a. DATE OF OPERATION <u>None.</u>	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>443X</u>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>X</u>			
22. I hereby certify that I attended the deceased from <u>11-29</u> , 19 <u>52</u> , to <u>12-6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-6</u> , 19 <u>52</u> , and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Hany J. O'Brien M.D.</u> (Degree or title)			23b. ADDRESS <u>Mexico Missouri</u>		23c. DATE SIGNED <u>12-9-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-9-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edenwood</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec-9-1952</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shirley Parker</u> ADDRESS <u>Columbia Mo</u>		

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, ~~as by~~.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Stuart P. Parker*

Signed.....

Student Embalmer

Licensed Embalmer No. *2900*

P. O. Address *Columbia 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.