

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1068

128

2000

Registrar's No. 29

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Lawrence					
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Mt Vernon Rural		d. STREET ADDRESS (If rural, give location) 0557			
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (First) Louis			b. (Middle) Nicholas		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) Jan 10, 1953		
5. SEX Male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Mar 29, 1868		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Lawrence Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Humphres Johnson			13b. MOTHER'S MAIDEN NAME Jane Brown			14. NAME OF HUSBAND OR WIFE Alice Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. - - -		17. INFORMANT'S SIGNATURE AND NAME Trilmer Johnson, Son, Hawthorne, Cal.					
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, asthma, 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. Fracture right hip DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 9040 21							
19a. DATE OF OPERATION 12-30-52		19b. MAJOR FINDINGS OF OPERATION Fracture right hip				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) 055					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 29 52 7m		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall					
22. I hereby certify that I attended the deceased from Dec 29 1952 to Jan 10, 1953 , that I last saw the deceased alive on Jan 10, 1953 and that death occurred at 11:55 Am. , from the causes and on the date stated above.									
23a. SIGNATURE James I Good MD			23b. ADDRESS Holland Bldg		23c. DATE SIGNED 1-11-53				
24a. REPORTING AGENCY (Specify) Removal		24b. DATE 1-10-1953		24c. NAME OF CEMETERY OR CREMATORY Pritchard Cemetery		24d. LOCATION (City, town, or county) (State) Mt Vernon Mo			
DATE REC'D BY LOCAL REG. 1-12-53		REGISTRAR'S SIGNATURE Ernest Williamson			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS St. N. Smith Mt Vernon Mo				

0396

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

FEB 2 1953

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed A. W. Cassett

Licensed Embalmer No. 2991

P. O. Address W. J. Lemons - V. 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.